

Table of Contents

| | |
|--|------------|
| Chapter 1: An Introduction to WIC | 2 |
| Section 1: The WIC Program..... | 3 |
| Chapter 2: AIM Overview | 10 |
| Section 1: The AIM System | 11 |
| Section 2: Getting Started..... | 12 |
| Section 3: Getting Help when Using AIM | 21 |
| Chapter 3: The Initial Certification | 22 |
| Section 1: Greeting the Client..... | 24 |
| Section 2: Client / Family Lookup and Family Screen | 29 |
| Section 3: Client Registration Screen | 39 |
| Section 4: Cert Action, Termination & Dual Participation | 59 |
| Section 5: Medical Screen..... | 70 |
| Section 6: Risks, Health Screen & Nutrition Questionnaire | 79 |
| Section 7: Care Plan and Nutrition Education..... | 135 |
| Section 8: Food Package Screen..... | 144 |
| Chapter 4: Precertification | 169 |
| Section 1: Precertification..... | 170 |
| Section 2: In-State Transfer | 177 |
| Section 3: Out-of-State Transfer, WIC Overseas..... | 180 |
| Section 4: Moving a Participant from One Family to Another..... | 183 |
| Chapter 5: Appointment Scheduler | 185 |
| Section 1: Appointment Sheet..... | 186 |
| Section 2: Scheduling a Family into a Class | 195 |
| Section 3: Appointment Scheduler Outputs..... | 201 |
| Chapter 6: CSFP and Farmer's Market | 205 |
| Section 2: Farmer's Market Nutrition Program Check Issuance..... | 238 |
| Help Desk Troubleshooting..... | 240 |

Chapter 1: An Introduction to WIC

This chapter describes what the WIC program is and who is eligible to participate in the program.

- The WIC Program
- What is WIC?
- Who is eligible for WIC?
- What do clients gain from WIC?
- WIC Certification

Section 1: The WIC Program

What is WIC?

- WIC stands for the Special Supplemental Nutrition Program for **W**omen, **I**nfants and **C**hildren, which is a program of the United States Department of Agriculture (USDA).
- WIC is a temporary assistance program for women who are pregnant, breastfeeding or who have recently had a baby and for children under the age of five. Participants must have an income below a certain amount and have a nutritional or medical need for the program.
- There are three WIC programs in Arizona: the Arizona WIC Program, the Inter-Tribal Council of Arizona (ITCA) WIC Program and the Navajo Nation WIC Program. This manual discusses our program, the Arizona WIC Program.
- The Arizona WIC Program is made up of 20 Local Agencies (15 counties and 5 private health centers). The Arizona WIC Program currently has over 110 clinics statewide.

| |
|--|
| WIC is successful because of its unique combination of services |
|--|

- **Nutrition Education** - is given to participants to encourage healthy eating habits.
- **Healthy Foods** - are provided to participants in order to supplement their diet, particularly important during special times of growth and development.
- **Referrals** - to health care and social service agencies to assist participants in ways that the WIC program cannot.

| |
|-----------------------------|
| Eligibility Criteria |
|-----------------------------|

There are **four** criteria needed for WIC eligibility:

1. Category – To be eligible for the WIC Program, a person must be either a

- **Pregnant woman:** during the period of having a positive pregnancy test up to six weeks after the end of her pregnancy.
- **Breastfeeding woman:** during the period of delivery and breastfeeding her infant up to her infant's first birthday.
- **Postpartum woman:** during the period of delivery up to her baby's 6-month birthday OR six months after termination of most recent pregnancy, including a stillbirth, neonatal death, miscarriage or abortion.

WIC University Training Manual

- **Infant:** during the period s/he is born up to the day before the first birthday.
- **Child:** during the period of age one up to her/his fifth birthday.

Categories – the chart below describes the 5 general categories (pregnant, nursing, postpartum, infant and child) and their AIM codes.

| Category | Description | AIM Code |
|---------------------|--|--|
| Pregnant | A pregnant woman who conceived at age ≤ 17 | PG1 |
| | A pregnant woman who conceived at age ≥ 18 | PG2 |
| Exclusively Nursing | A woman who is fully breastfeeding her infant up to 1 year after the infant's birth | EN |
| Partially Nursing | A woman who breastfeeds at least once in 24 hours, up to 1 year after the infant's birth | PN |
| Postpartum | A non-breastfeeding woman up to 6 months after the end of her pregnancy (the end of pregnancy can be due to a live birth, stillbirth, miscarriage or therapeutic abortion) | P |
| Infant | A child under 1 year old: Infant exclusively nursing Infant partially nursing Infant formula fed | IEN IPN IFF |
| Child | A child between 1 and 5 years old | C1 C2 C3 C4 |

Proof – Applicants do **NOT** need to routinely prove category. If, however, there is any doubt about the applicant's category, the local agency should ask for documents from the applicant.

2. Residence – A person must live in Arizona, but not necessarily in the local agency's service area.

3. Income – Gross income must not be more than 185% of Federal Poverty Guidelines. This number is based on household size, which is explained below:

Determining income based on household size:

- **Household** is defined as a group of related or non-related individuals who are living together as one economic unit.

Pertinent Household Information

| | |
|----------------------------------|--|
| Residents of Institutions | The residents are assessed as separate family units. |
| Pregnant Woman | Household size is determined by increasing the household size by the number of expected infants, unless the applicant has religious or cultural objections, which preclude this. |
| Teen | Person <18 years of age who must provide documentation of emancipation from a court of law to be considered a separate household. |
| Co-Living | Two separate families residing at the same address under the same roof may be considered separate households, if each household has its own source of adequate income (rent, food, utilities, and other). |
| Foster Child | If an infant or child is in the care of foster parents, Child Protective Services (CPS) or other child welfare authorities, the infants or child's income will be considered a family of one. |
| Adopted Child | The child is counted in the household size of the family. |
| Separated Family | When a family separates, the child is counted in the family of the parent or guardian with whom the child lives. Child support payments are considered income for the family with whom the child lives. |
| Custody | The parent with whom the child spends a majority of their time can claim the child in reporting household size. |
| Military Family | <p>A military dependent placed in the temporary care of friends or relatives may be counted as a separate economic unit. There must be documentation of an allotment payment that is adequate to support the individual.</p> <ul style="list-style-type: none">• Determination of income eligibility will be made at the time of certification. The starting date of certification noted on the consent/ |

release form and the identification folder/ transfer card will be the date income eligibility was determined.

- Local agencies will implement the income standard of 185% of the poverty level each April 1.
- In order to be income-eligible, income must be confirmed by paper or an official verification system, such as dial-up or online confirmation with an adjunct eligibility program.
- If a client shows current documentation of TANF, AHCCCS, Food Stamps or Section 8 housing participation, they are adjunctively qualified for WIC.
- Income is defined as gross income before deductions for income taxes, social security taxes, insurance premiums, bonds, etc.

4. Nutrition Risk – Nutrition risks can be divided into 9 groups shown by their number.

- **100 Anthropometrics:** Anthropometric measurements are used to determine underweight, overweight, short stature and inappropriate weight gain.
- **200 Biochemical:** Hematocrit and/or hemoglobin blood tests are used to determine a person's level of iron.
- **300 Medical:** Based on information from doctors, nurses, dentists or nutritionists to determine health risks.
- **400 Dietary:** A nutrition questionnaire is used to evaluate a person's eating habits.
- **500 Regression/ Transfer/Presumptive Eligibility:** Associated with returning to some former health condition, out-of-state transfers, and pregnant women who have not been screened for risks.
- **600 Breastfeeding mother/infant dyad**
- **700 Infant of a WIC-eligible mother during her pregnancy**
- **800 Homeless/Migrant**
- **900 Other lifestyle risks**

WIC's Priorities

WIC is effective because it guarantees that those who would benefit the most from WIC participation will get an appointment. In case of funding shortages, high-priority applicants are not put on a waiting list. Pregnant and breastfeeding women, infants, migrant and homeless persons are given the highest priority for receiving WIC services.

The positive effects of WIC also increase when pregnant women participate in WIC early in their pregnancies. The longer these high-priority women participate in WIC, the greater the benefit to them.

What do clients gain from WIC? WIC participants receive three specific services:

Nutrition Education – is available to all WIC participants and/or their parents or caretakers. The nutrition education is designed to be easily understood by the participants and relevant to their nutritional needs and food preferences.

The goals of nutrition education in WIC are to:

Show that a good prenatal diet leads to a good pregnancy outcome for both the mother and infant.

Encourage all women to breastfeed and to provide support so these women can successfully breastfeed for at least one year.

Promote optimal infant growth and health by following standard infant feeding recommendations.

Demonstrate that good nutrition leads to good health.

Enable participants to form good eating habits and prevent nutrition-related problems.

Provide individual care plans for participants based on their risks.

Supplemental Foods – are selected to meet the special nutritional needs of participants. These foods are meant to supplement the participant's diet, not to provide ALL the food and nutrients the participant needs.

WIC FOODS

Nutrients Provided

| | |
|-------------------------------|--------------------------------------|
| Milk | Calcium, Vitamins A & D, and protein |
| Cheese | Calcium, Vitamins A & D, and protein |
| Eggs | Iron, Vitamin A, protein |
| Beans or Peanut Butter | Iron, protein |
| WIC Juice | Vitamin C |
| Cereal | Iron |
| Iron Fortified Infant Formula | Calcium, Vitamin A & C, Iron |
| Iron Fortified Infant Cereal | Iron, protein |
| Carrots | Vitamin A |
| Tuna Fish | Iron, protein |

Referral to Health Care and Social Services – Linking participants to health care is an important WIC service. WIC encourages all participants to receive complete health care and can also give information regarding other social services. Participants receive information about these 6 programs at every certification:

1. TANF – Temporary Assistance to Needy Families
2. Arizona Health Care Cost Containment System (AHCCCS) – Medicaid program
3. Food Stamps
4. Child Support Enforcement Services
5. Substance Abuse
6. Immunizations (for participants under age two)

Other health and social service referrals are based on appropriate need, as shown in the following examples:

- Breastfeeding support for breastfeeding women and infants
- Dental services for women and children who have a need
- Childcare for working and student women

WIC Certification

The WIC Program calls the eligibility and enrollment process ‘Certification.’ All applicants who are screened and found to be eligible for WIC are certified as WIC participants. At the certification appointment, new participants are oriented to the WIC Program; receive nutrition education, Food Instruments, and referrals to health care and social services.

Each WIC participant is enrolled in WIC for a set period of time. This period of time is called the participant’s ‘certification period.’ Near the end of the participant’s certification period, an appointment is given to the participant to be screened again for WIC eligibility. Each certification includes all elements of the initial certification: eligibility screening, nutrition education, referrals, food package selection, and issuance.

If an applicant is screened and found ineligible for WIC, s/he is given a written notice of ineligibility.

Confidentiality

Each person deserves privacy, especially when it comes to his or her personal information, income, and health. Wouldn't you like to be treated with respect and given the right to have your records kept personal? People who are healthy or sick would rather have information on their blood, weight, income, phone number, and address kept from the intrusion of others. At WIC, we keep private matters private. So remember to protect the rights of others!

Civil Rights

WIC has 6 protected classes: **race, color, national origin, sex, age, and disability**. If anyone feels they have been wronged by WIC based on any of the above conditions, the person serving them must help the participant file a complaint to Washington, DC.

The complaint form may be printed from AIM.

1. Select **Outputs** from **Enrollment / Certification** splash screen menu bar.
2. Select **Forms** from the drop-down menu.
3. Select **Civil Rights Complaint Form**.
4. Enter the client's ID and print the form.

Chapter 2: AIM Overview

The Arizona in Motion (AIM) computer system automates almost every function of the WIC program.

- Section 1: The AIM System
- Section 2: Getting Started
- Section 3: Getting Help when using AIM

Section 1: The AIM System

Local Agency staff will use the system to:

- Handle all appointment activities, including rescheduling and group education;
- Certify participants, document medical and health information and assign food packages;
- Issue Food Instruments on demand;
- Document nutrition education;
- Document and track referrals;
- Generate reports on a variety of participant information;
- Generate forms and mailing labels;
- Assist with the annual time study.

State staff will use the AIM system to:

- Track and manage the financial aspects of the programs;
- Perform all vendor activities, including authorizing, monitoring, and educating;
- Monitor Local Agency compliance with WIC Federal Regulations;
- Track and manage caseload;
- Generate reports on a variety of parameters.

The AIM system will allow for growth and change. The AIM system will help ensure that Arizona WIC and the Commodity Supplemental Food Program (CSFP or Food Plus) will be able to stay in motion and keep up with the ever-changing world.

Section 2: Getting Started

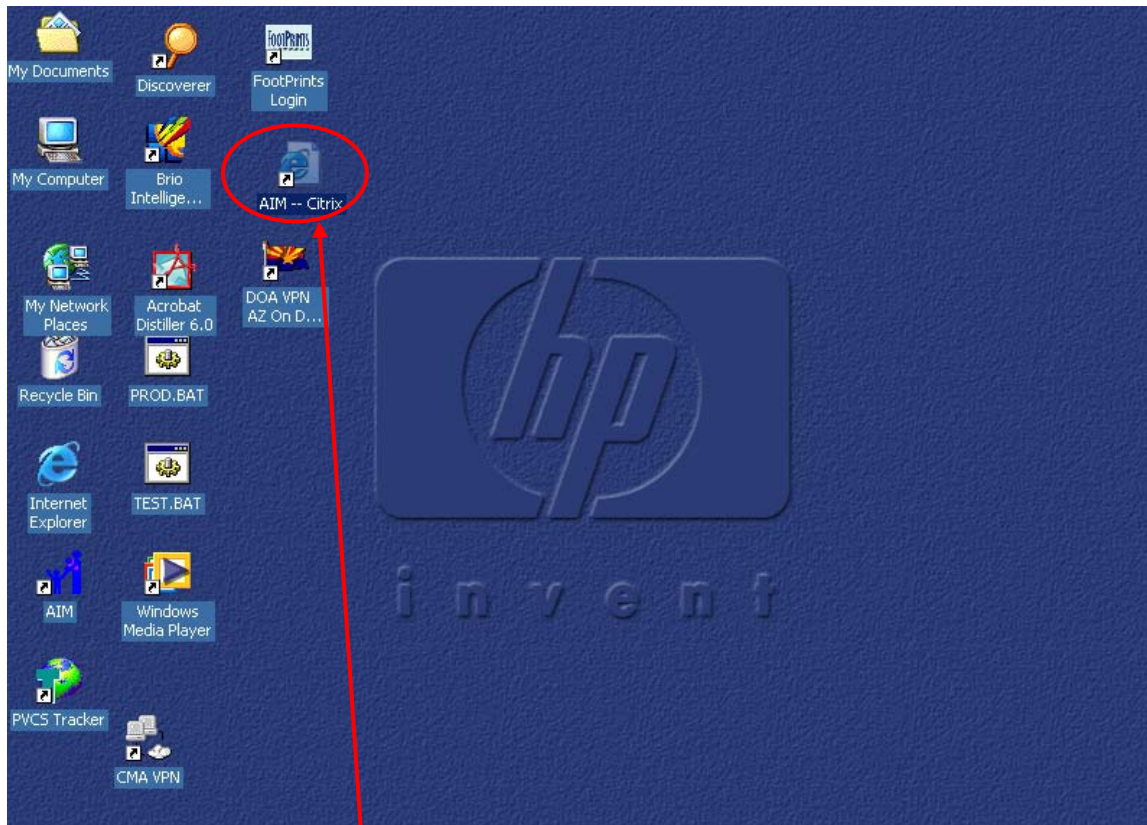
When navigating in AIM, use the “tab” key and not the “enter” key. AIM prefers that you use “tab.” You can also use your mouse to click on buttons in some instances.

Logging on to the network

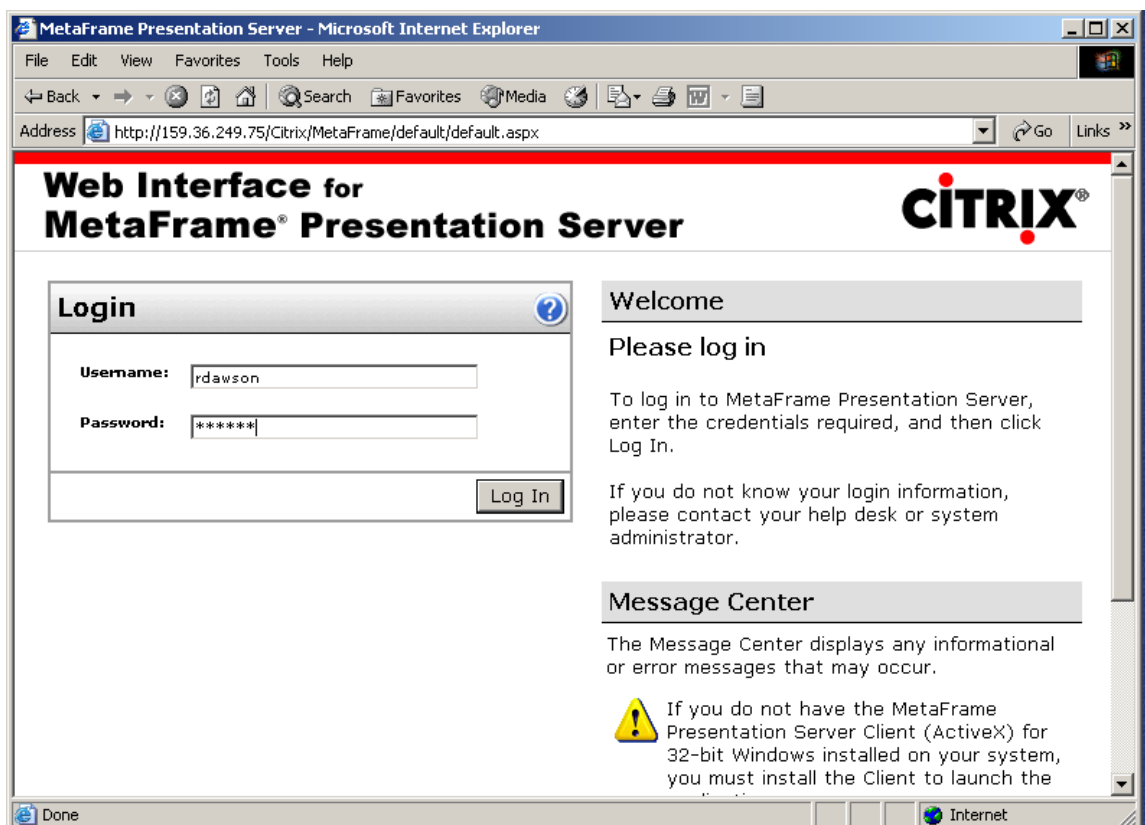
Log-in procedure for Novell Network

1. **Name:** Enter the User ID assigned to you by your Local Agency Network Administrator, and press tab to get to the Password field.
2. **Password:** Enter your unique password. Click on the OK button.

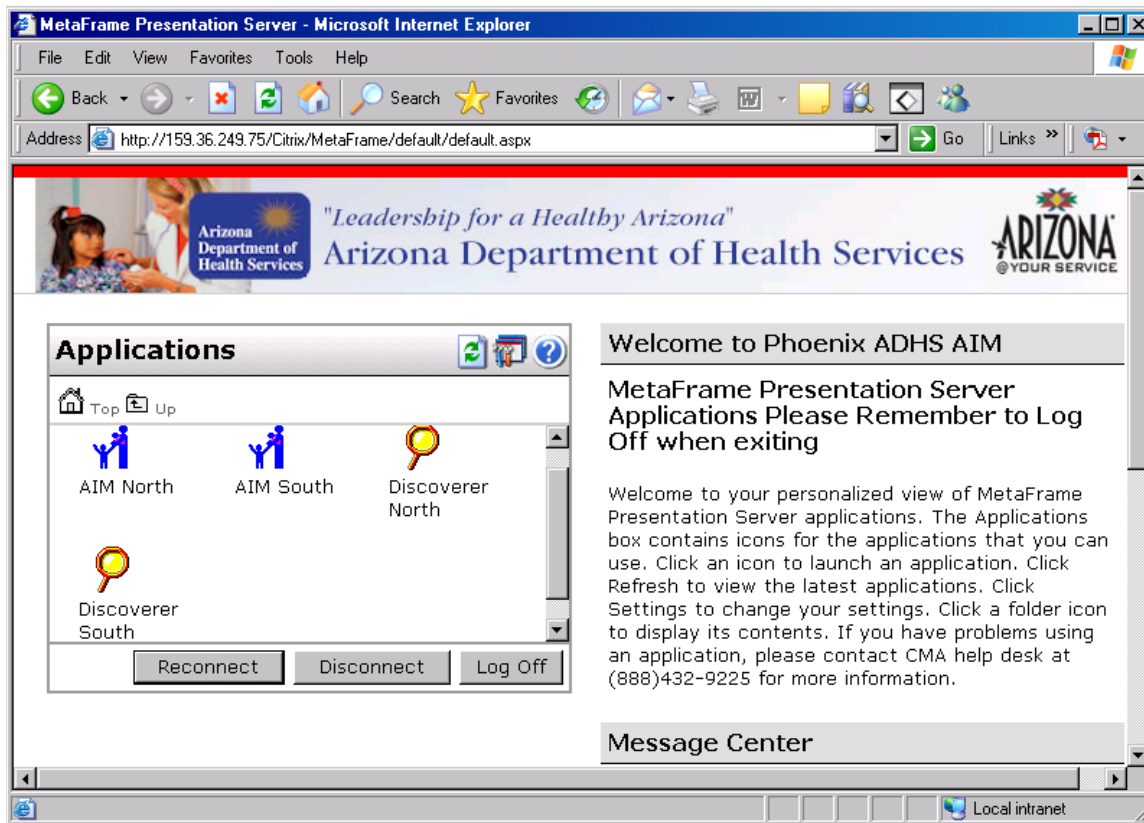
Logging on to the AIM System Through Citrix



Find your AIM **Citrix** Icon and double click to open.



The ADHS ITS personnel will give you a Citrix user name and password.



Choose **AIM North** if you work in any of the following agencies: Apache, Coconino, Gila, Maricopa, Navajo, Yavapai, Yuma, Yuma CSFP, Clinica Adelante, St. Mary's Food Bank Alliance, La Paz CSFP, Mountain Park or Pinal.

- Choose **AIM South** if you work in any of the following agencies: Cochise, Graham, Greenlee, Pima, Cocopah Tribe, Marana, El Rio or Ajo.
- Choose **AIM Pilot** if you work in any of the following agencies: Mariposa or Mohave.
- If you are a Discoverer user, you will also see the icons that will start the Discoverer query tool.

You will be taken directly to the Welcome to Arizona WIC screen.

WIC University Training Manual

Arizona Welcome Screen - [Log On]

Window

Welcome to Arizona WIC

User Name: LEOS

Password: *****

Database: Select a Database.

Agency: Select a Database.

Clinic: Select a Database.

OK Cancel Change Password

Record: 1/1

Type your User Name into the **User Name** field.

- This is how the AIM will track who performs what tasks in the system.
- Your User Name is unique to you and allows you access to the functions in the AIM system that are specific to your job responsibilities and location.
- Never share your password with anyone.

Tab to the password field and type in your password.

- First-time users will use the password provided by your Supervisor. Once you have entered your password, tab to the Database Field
- Use the drop-down to select **Phxaim** if your local agency is **North** or **Tucaim** if your agency is in the **South**.
- Pltaim is used by Mohave & Mariposa for pilot testing of new AIM changes.
- (UAT databases are used by ADHS staff to test new changes, ADHS WIC University is a state-level training database and LA Training is a Local agency training database.)

WIC University Training Manual

Tab to the Agency Field, using the drop-down, select your agency.

Arizona Welcome Screen - [Log On]

Window

Welcome to Arizona WIC

User Name: DAWSONR

Password: *****

Database: Phxaim

Agency: 01

Clinic: 00

OK Cancel

Agencies

Find: %

| Agency | Name |
|--------|------------------------------|
| 01 | APACHE COUNTY HEALTH DEPT |
| 04 | GILA COUNTY HEALTH DEPT |
| 09 | NAVAJO COUNTY HEALTH DEPT |
| 13 | YAVAPAI COUNTY HEALTH DEPT |
| 14 | YUMA COUNTY HEALTH DEPT |
| 15 | YUMA FOOD BANK |
| 28 | CLINICA ADELANTE, INC ADMINI |
| 29 | ST. MARY'S WESTSIDE FOOD B |

Find OK Cancel

Choices in list: 8

Record: 1/1

Tab to the Clinic Field; use the drop-down arrow to select the clinic where you work.

Arizona Welcome Screen - [Log On]

Window

Welcome to Arizona WIC

User Name: DAWSONR

Password: *****

Database: Phxaim

Agency: 01

Clinic: 00

OK Cancel

Clinics

Find: 0%

| Clinic | Name |
|--------|---------------|
| 00 | ALL CLINICS |
| 01 | ST JOHNS WIC |
| 02 | SPRINGERVILLE |
| 05 | CONCHO WIC |
| 06 | VERNON WIC |

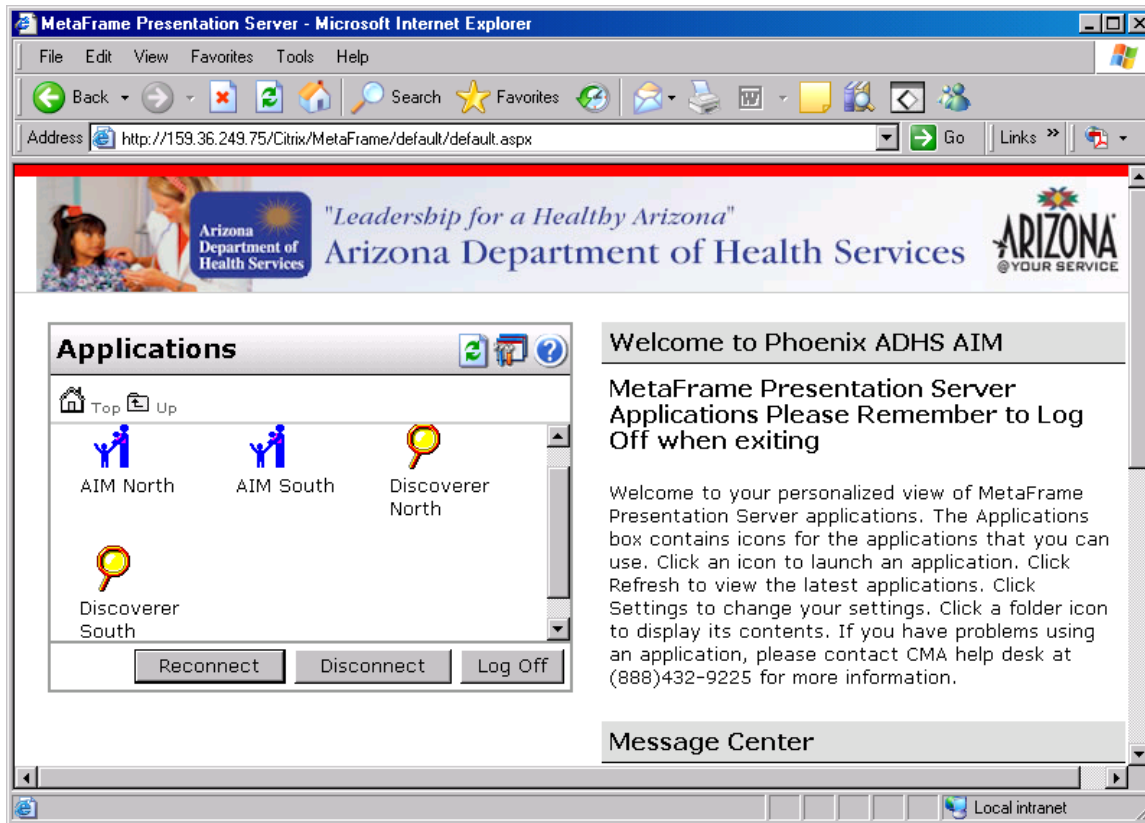
Find OK Cancel

Choices in list: 5

Record: 1/1

List of Values

Logging off of AIM and out of Citrix



When you are finished in AIM, log off as usual. You will then see this Citrix screen again. Using the scroll bar on the right, move the screen down so you can see the “Log Off” button at the bottom of the Applications Window. **THIS IS THE ONLY WAY TO LOG OFF OF CITRIX. DO NOT USE THE BLACK X IN THE UPPER RIGHT HAND CORNER.**

For training, select the database on your activity sheet.

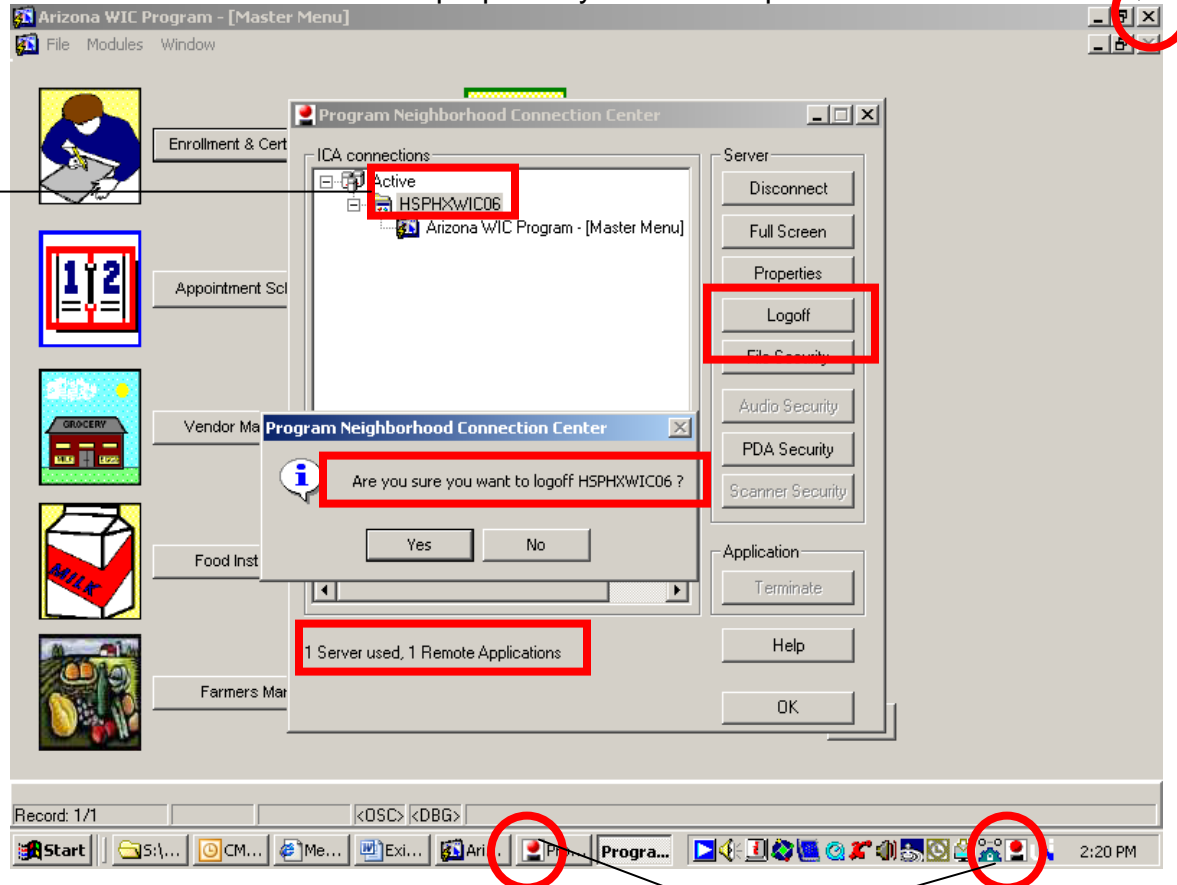
The AIM system will log you off of the system if you do not perform any activity for 10 minutes. For example, if you do not enter information using the keyboard or if you do not use the mouse, you will be automatically logged off. In addition, any information entered and not saved prior to this automatic log off will be lost.

Proper way to exit from Citrix when AIM application is not responding

If the AIM application is not responding, please DO NOT click on the BLACK X!

DO NOT USE “CTRL-ALT-DELETE” combination of keys!

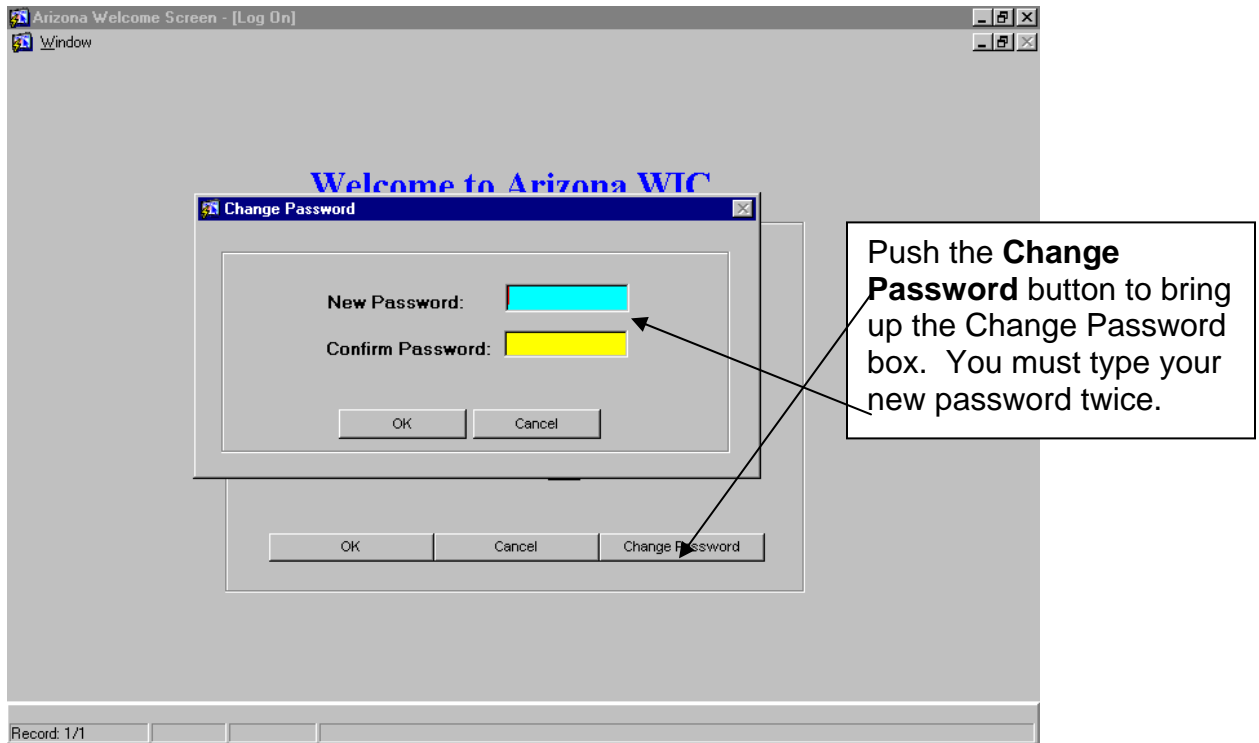
Screen shot below shows the proper way to exit multiple sessions of AIM / Citrix!



To properly exit from multiple sessions in AIM / Citrix, double click on the red icon in the lower right corner of the task bar. This will open a Citrix ICA Connections pop-up. Select a Citrix server and press the **Logoff** button. When the confirmation pop-up opens, press OK. This process will need to be repeated for each server where you have an open session.

When your sessions are terminated, you will again see the log-on screen for Citrix. You can now log back on to Citrix , select your AIM icon and connect to your database to continue, **OR** click on the **BLACK X** in the upper right hand corner to close out of Citrix.

Changing your password



Change Password screen

Your password should be a unique word or combination of letters and numbers that only you know, for example, A12345 or A12bc3. **Make it something that you are going to be able to remember easily, such as your dog's name or your childhood best friend's name; then you can simply add 1 to it each time it needs to be changed.**

- You may reuse a password, but you cannot use the same password two times in a row.
- Never give your password to anyone, and change it if you think someone may know.
- Don't write your password down where someone else can find or see it. You may change your password at any time by clicking on the **Change Password** button on the **Welcome** screen. The **Change Password** window will be displayed.
 - Type in a new password.
 - Tab to the **Confirm Password** field and type in your password again.
 - Click **OK**. You will return to the **Welcome** screen.

Fast Path Icons on Top Menu Bar

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

Appointment Scheduler

7.0.01 [Uattuc]0501

Client

Client ID: 1050003435 Last Name: SCHELLER First Name: SHERRY MI1: J MI2: Birth Date: 10/05/1978

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination |
|-----|-----|----------|------------------------|-----------------|---------------|----------|-----------------|------|--------------|-------------|
| PG2 | | | PREGNANT ADULT (18 AND | 07/13/2007 | 01/22/2008 | 27 | | | WCDIR05 | Term |
| P | | | P-WOMAN, POSTPARTUM | 10/17/2002 | 03/07/2003 | 20 | | | MON10 | Term |
| PG2 | | | PREGNANT ADULT (18 AND | 07/19/2002 | 10/16/2002 | 13 | | | DAR06 | Term |

Actual Delivery Date: Expected Delivery Date: 12/11/2007 Last Menstrual Period: 03/06/2007

CSF Distribution Site: Reason Client Not Present: Comment:

CSFP Category Change Extend Cert Period

Family Client Reg Cert Action Medical Health Diet Assess Care Plan Food Pkg

The client ID. Double click or press F2 to go to client / family lookup for an existing client.

Record: 1/1 <OSC> <DBG>

You can access the different AIM modules by using the Fast Path icons found on the top menu bar. This will allow you to move from the Enrollment / Certification module to the Appointment Scheduler easily to make an appointment.

Section 3: Getting Help when Using AIM

It may happen occasionally that you will need help or become stuck while using the AIM system. There are people within your local WIC agency that have more in-depth knowledge of AIM; they are called Super Users. You should try to contact one of these Super Users to see if they can help troubleshoot what the problem may be. Often, they will be able to lead you through a series of steps to determine what has you stuck and your problem may be resolved.

If the Super User is not able to solve the problem, you can also call the CMA Help Desk, which is located in New York. They are available for help during Arizona WIC's clinic hours. The phone number is **1-888-432-9225, press 6 then 1**. Do not press 0 since this will connect you to their secretary who is not responsible for taking messages for the Help Desk. There are several team members who staff the Help Desk that know the AIM system well and should be able help solve your problem. If necessary, they are able to dial in to your computer to 'shadow' your movements within the AIM system and determine if you are doing something incorrectly. Depending on the severity of your problem, they may need to call you back anywhere between 2-24 hours later. Your call will be answered in the order in which it was received. **See the following flowchart to understand the process of calling the CMA Help Desk.**

It is important that you call the CMA Help Desk with any AIM problems that your Super User cannot solve so they can log your phone call and begin to address the issue, especially if it is system-wide issue. If you don't call the Help Desk, there may be a problem with AIM that CMA and the State WIC office are not aware of.

It is very important to read all pop-up messages that you see in the AIM system. They contain valuable information that may help you to resolve your own problem and prevent you from having to find the Super User or call the CMA Help Desk. You may also be asked what pop-up messages you received when you call the Help Desk and if you have already clicked 'OK,' you may not be able to get the message to reappear.

On the last page of this manual are basic troubleshooting tips and resolutions to common AIM issues.

Chapter 3: The Initial Certification

This chapter describes the initial certification process and the steps involved in certifying clients.

Section 1: Greeting the Client

- The Client's Arrival
- Client Rights & Obligations / Consent

Section 2: Family Screen

- Client / Family Lookup
- Proxy Form

Section 3: Client Registration Screen

- Ethnicity/Race
- Income
- Documentation of Waiver Form

Section 4: Cert Action Screen

- Category Change
- Termination of a Cert
- Dual Participation

Section 5: Medical Screen

- Blood codes
- Graphs
- Red Scale

Section 6: Risks and Health Screen

- Anthropometric Risks
- Biochemical Risks
- Dietary Risks & Assessment
- Medical Risks, Regression & Other Risks
- Health Screen & Breastfeeding Questions

Section 7: Care Plan Screen

- Nutrition Education
- Lead Screening

Section 8: Food Package Screen

- Food Package Tailoring
- Food Package Assignment & Issuance
- Special Formula Approval
- Formula Replacement
- Food Instrument Replacement and Void
- Anatomy of a Food Package
- Special Packages
- On Demand Button
- Linking Mothers & Infants

Section 1: Greeting the Client

In determining client eligibility, there is a process you must follow to obtain the information that you need as well as giving the clients all of the information they need.

1. Greet the participant and introduce yourself.
2. Explain the screening process. Inform the participant that you will be asking questions to determine eligibility and that all information is kept confidential. Encourage the participant to ask questions if they need more information or to make suggestions as to how we can better serve them.
3. Check to see if the participant has an existing AIM ID number.
4. Offer voter registration assistance and have participant fill out the Offer of Voter Registration form. This form is to be kept in the agency's files.
5. Check proof of address and income.

Client Rights & Obligations / Consent form

1. Print a copy of the Rights & Obligations / Consent form (see exhibit on next page).
2. Check participant's proof of ID and proof of residence.
3. The Authorized Representative or participant then reads and checks the consent / release portions of the form.
4. You will fill in the certification dates and sign and date the bottom portion. The Authorized Representative or participant signs and dates the form.

NOTE: Each WIC participant being certified must have a Rights & Obligations / Consent form filled out for them.

NOTE: Each transferring participant / Authorized Representative must sign the Rights & Obligations form at the agency into which they are transferring.

WIC University Training Manual

My total household income is: _____

Type of documentation provided for...

Participant's total household income: _____
Participant's identification: _____
Participant's residence/address: _____

Yes No

I give permission to clinic staff to physically touch me or my child to:

measure height and weight

perform a blood test and

offer breastfeeding instruction

WIC Program Rights and Obligation

- I have been given a copy of, and understand, my rights and obligations as a WIC participant.
- I understand I may request, in writing, that my child's or my WIC information be sent to other healthcare programs.
- I understand that a person cannot be in two WIC and/or Commodity Supplemental Food (CSF) Programs at the same time.
- The information I have given WIC is true to the best of my knowledge. I understand that WIC staff may check the information I am giving them. If I lie or hide information, I understand that I may be prosecuted under State and Federal law, and may have to repay the government.

NOTE: If you want to appeal any adverse action, you must request an informal settlement conference and/or a fair hearing. Local agency staff will assist you to file a request for an informal settlement conference or a fair hearing.

A request for an informal settlement conference must be post-marked, or hand-delivered to the Local Agency Director, within twenty (20) calendar days of the receipt of the adverse action to: **WIC Director, 150 N. 18th Ave., Suite 310, Phoenix, AZ 85007.**

A request for a fair hearing must be post-marked or hand-delivered within sixty (60) calendar days of the receipt of the adverse action to: **Clerk of the Department, Arizona Department of Health Services, 150 N. 18th Ave., Suite 500, Phoenix, AZ 85007.**

If you choose, a relative, friend, legal counselor or other spokesperson may represent you. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

| | | | | | | |
|-------------------------|-------------------------|---------------|---------------|------------|----------------------------------|-------------|
| Family ID # : | | | | | | |
| Participant Name | Participant ID # | Weight | Height | Hgb | Authorized Representative | |
| | | | | | Initials | Date |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Your signature says you understand the above information, and it is accurate. Your signature will cover consent/release until the end of this WIC certification period from _____ to _____.

Signature of Authorized Representative 1: _____

Date _____

Signature of Authorized Representative 2: _____

Date _____

Signature/title of certifier _____

Signature of Income Verifier (if different) _____

Date _____

WIC University Training Manual

El ingreso total de mi hogar es: _____

Tipo de documentación proporcionada para verificar...

El ingreso total del hogar del Participante: _____

La identidad del Participante: _____

El domicilio del Participante: _____

Sí No

Doy permiso para que el personal de la clínica toque físicamente a mi (s) hijo(s) al:

tomar medidas de estatura y peso

hacer pruebas de sangre y

ofrecer enseñanza sobre la lactancia materna

Derechos y Obligaciones en el Programa WIC

- He recibido una copia de, y entiendo, mis derechos y obligaciones como participante del programa WIC.
- Entiendo que puedo solicitar por escrito que los datos sobre WIC de mi hijo(a) o los míos se envíen a otros programas de cuidado de salud.
- Entiendo que una persona no puede participar en dos programas de WIC o Programa de Productos Alimenticios Suplementarios (CSFP) al mismo tiempo.
- La información que he proporcionado a WIC es verdadera hasta donde yo sé. Entiendo que el personal de WIC puede verificar la información que he presentado. Comprendo que al ocultar información o mentir puedo ser juzgado(a) bajo la ley Federal o Estatal y quizás tenga que devolver el dinero al gobierno.

NOTA: Si usted desea apelar esta decisión, deberá solicitar una audiencia o una conferencia de acuerdo informal y/o una junta imparcial. El personal de la agencia local le ayudará a presentar su petición para una conferencia de acuerdo informal y/o una junta imparcial.

La solicitud para una conferencia de acuerdo informal se debe enviar por correo con sello postal o entrega a mano al Director de la Agencia Local dentro de veinte (20) días de la acción adversa a: **Director de WIC, 150 N. 18th Avenue, Suite 310, Phoenix, AZ 85007.**

La solicitud para una junta imparcial se debe enviar por correo con sello postal o entrega a mano dentro de sesenta (60) días de calendario después de haber recibido la acción adversa al: **Secretario del Departamento, Departamento de Servicios de Salud de Arizona, 150 N. 18th Avenue, Suite 500, Phoenix, AZ 85007.**

Si usted desea, puede ser representado por un familiar, una amistad, un asesor legal u otro portavoz. A pesar de que usted tiene el derecho a un asesor legal, este servicio será a costo suyo. No se le proveerá un abogado.

De acuerdo con la Ley Federal y la política del Departamento de Agricultura de los EE.UU., esta institución prohíbe la discriminación con base en la raza, color, nacionalidad, género, edad o incapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, o llame al (800) 795-3272 o (202) 720-6382 (TTY). USDA es un proveedor y empleador que ofrece igualdad de oportunidad.

| Número de Identificación de la Familia: | | | | | | |
|---|---|------|----------|-----|--------------------------|-------|
| Nombre del Participante | Numero de Identificación del Participante | Peso | Estatura | Hgb | Representante Autorizado | |
| | | | | | Iniciales | Fecha |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Con su firma declara que entiende la información mencionada anteriormente y que es exacta. Su firma cubrirá el consentimiento para revelar información hasta el final de este periodo de certificación de WIC a partir de _____ a _____.

Firma del 1er Representante: _____

Fecha _____

Firma del 2o Representante: _____

Fecha _____

Firma y título del Certificador _____

Firma del Verificador de Ingresos (Si es diferente) _____

Fecha _____



Offer of Voter Registration

Applying to register to vote or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Are you currently registered to vote where you live now?

_____ yes _____ no

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

_____ yes _____ no

IF YOU DO NOT CHECK EITHER LINE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help filling out the voter registration application form, we will help you or you may fill out the application form in private. The decision whether to seek or accept help is yours. You may take the form with you and mail it to the county recorder yourself or you may complete the registration here and deposit it in the box provided.

If you choose to register to vote here, the information regarding the location of the agency where the registration took place will remain confidential. If you choose not to register to vote at this time, that information will remain confidential and will be used only for voter registration purposes.

Signature of Applicant / Authorized Rep (or initials of staff person) Date

Printed Name of Applicant / Authorized Rep Date

Family ID # _____

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

**State Elections Officer
Secretary of State's Office
1700 West Washington Street, 7th Floor
Phoenix, Arizona 85007
(602) 542-8683**





Oferta de Registro de Votantes

El solicitar su registro para votante o el rehusarse a registro votar no afectará la cantidad de asistencia que Ud. reciba de esta agencia.

¿Ud. está registrado para votar donde Ud. vive actualmente?

_____ si _____ no

Si Ud. no está registrado para votar donde Ud. vive actualmente, ¿le gustaría hacer una solicitud aquí ahora para poder votar?

_____ si _____ no

SI UD. NO MARCA NINGUNA LINEA, SE CONSIDERARA QUE UD. DECIDIO NO REGISTRARSE PARA VOTAR AHORITA.

Si Ud. necesita ayuda llenando su solicitud de registro de votante, nosotros podemos ayudarle o puede usted llenar la solicitud en privado. La decisión para aceptar ayuda es de Ud. Ud. puede llevarse la forma y enviársela Ud. mismo por correo al secretario del condado o puede completar la solicitud y depositarla en la caja que proporcionamos.

Si Ud. se decide a registrarse para votar aquí, la información acerca de la agencia donde se efectuó el registro permanecerá confidencial. Si Ud. decide no registrarse para votar ahora, la información permanecerá confidencial y será usada solamente por registro de votantes.

Firma del Aplacante / Rep (o iniciales del miembro del persona Fecha

Nombre en Letra de Molde del Aplacante / Rep Fecha

Numero de Familia # _____

Si Ud. piensa que alguien ha interferido con su derecho de registrarse para votar, de rehusarse a votar, su derecho a privacidad en decidir si se registra o solicita el registro para votar, o su derecho para escoger su propio partido político u otra preferencia política, Ud. puede registrar una queja con:

**State Elections Officer
Secretary of State's Office
1700 West Washington Street, 7th Floor
Phoenix, Arizona 85007
(602) 542-8683**



Section 2: Client / Family Lookup and Family Screen

Client / Family Lookup

The initial contact with an applicant may be started by either a telephone call from an applicant or “walk- in.” When an applicant requests an appointment for enrollment, you will need to check in AIM to see if they were ever enrolled in WIC; are currently receiving WIC; or receiving Commodity Supplemental Food Program (CSFP or Food Plus) services.

Ask client if they have ever been on WIC in *Arizona*, if yes transfer client (see page 160 “Transfer Client-In-State”).

Searching for a Participant

Log on to the AIM System (use agency 00 to log in and search your agency).

Click the **Enrollment & Certification** module push button.

Click **Certification Info** from the menu bar.

Click **Client / Family Search** on the drop-down menu.



Client / Family Lookup navigation

Under **Certification Info**, click **Client / Family Search**.

Last updated August 6, 2008

Criteria

Client ID: Last Name: First Name: MI1: MI2: Birth Date: Category: Gender:

Family ID: Authorized Representative: Phone: Phone Type:

Mailing Address: Cert Start Date: Cert End Date: Local Agency: Clinic:

City: County: State: Zip: Zip+4: Prior ID: CSF Clinic:

Results

| Client ID | Family ID | Last Name | First Name | MI1 | MI2 | Birth Date | Cat. | Gender | L.A. |
|-----------|-----------|-----------|------------|-----|-----|------------|------|--------|------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Enter the unique identifier of the client.
Record: 1/1 <OSC> <DBG>

Client / Family Lookup Screen

- This window will ALWAYS open in query mode, where you can enter information.
- Any of the fields in the **Criteria** section - the top half of this window - may be used for a search.
- Entering more information in the **Criteria** section will narrow your search and produce more specific results.
- Using the “%” sign can do a more generalized search. For example, if the clients’ last name is White and you are unsure of the spelling, it can be partially typed in, followed by “%”.

Example: WHI% to pull up “White”

All clients with the last name White will be listed in the **Results** section of the window.

If no client information is found, one of the following may have occurred:

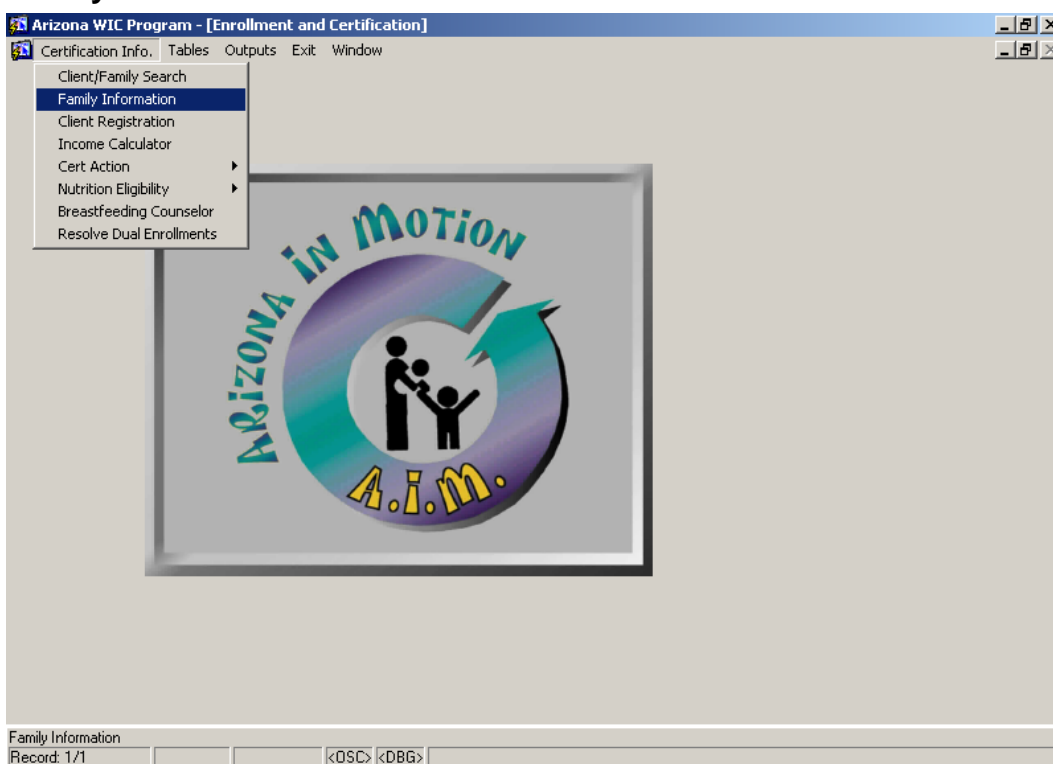
- Some of the client’s information may have been mistyped; verify and correct it and re-execute the query.
- Some of the additional search criteria may be invalid; it should be deleted. Only the client’s name should be used for the search and run the query again.
- The potential client is not in the AIM system. You should proceed with pre-certification. This will be covered later.
- If multiple names appear in the **Results** section, the scroll bars can be used to show more information

For practice, select someone from the **Results** section by double clicking the **Family ID Number**. Because they are in the database, we will be able to view information about this participant in the **Family Information** window.

- Double clicking the **Family ID** field in the **Results** section will automatically take you to the **Family Information** window.
- Double clicking the **Client ID** field in the **Results** section will automatically take you to the **Client Registration** window.

You are now in the **Family Information** window. The window displays demographic information about the client. We will learn how to modify this information in the **Enrollment and Certification** Chapter.

Family Information Screen



After conducting a client / family search to ensure that this participant does not already have an existing Family ID, you will need to enter the family information into the **Family Information** screen.

CAUTION: If a participant's Client ID number appears in RED, they are a CSFP client; if their name appears in RED, that indicates that the person is deceased and the RED color is a way to alert us to that situation.

Click on **Certification Info**, and then select **Family Information** from the LOV.

WIC University Training Manual

It is strongly recommended that you use the tab key when navigating around the AIM screens. There are very few instances when you need to use your mouse. Do not use the enter key to navigate.

The **Family Information** screen provides demographic information about the client.

| | |
|----------------|--|
| FAMILY ID | Your cursor is in the Family ID field. Tab off of this field and you will get a computer-generated Family ID number. All ID numbers are computer-generated and no two are alike. |
| WIC CLINIC | Enter the WIC clinic ID number and press tab. |
| CSF CLINIC | Enter the CSF Clinic number if you offer CSFP at your local agency. If your local agency does not offer CSFP, leave it blank. |
| NOTES CHECKBOX | This button allows you to enter family warning notes or any information that you feel is important to know about this family. The checkmark will turn red, indicating that there is a note that staff should check before processing the client. Once the information is no longer applicable, it can be deleted and the check mark will turn green again. This is the same box as on the Client Reg screen. |

WIC University Training Manual

| | |
|------------------------------------|--|
| CSF ONLY FAMILY CHECKBOX | Leave the CSF Only Family checkbox unchecked since we are first going to see if this family is eligible for WIC. |
| AUTHORIZED REPRESENTATIVE REP 1 | Enter the last name, first name, and middle initial of authorized representative. The Authorized Representative is the person who has the authority to sign for the participants in the economic unit. See NOTE below. |
| REP 2 | If there are two Authorized Representatives present, use the second line, Rep 2. |
| MAILING ADDRESS | Enter the mailing address and tab through the fields. |
| STREET ADDRESS | Mailing address information will default into the Street Address when you tab. If the Street Address is different from the Mailing Address, change the information now. |
| PROOF OF ADDRESS | Select the appropriate Proof of Address from the LOV. |
| MARITAL STATUS | Select the Authorized Representative's marital status from the LOV. |
| DISABILITY | If applicable, select the Authorized Representative's disability from the LOV. This may be used to provide the appropriate support for the client for future clinic visits. |
| VOTER REGISTRATION | Select the appropriate answer from the LOV. Form must also be filled out and kept in the agency's files. |
| DISABLE VOTER REG CHECKBOX | This box should <u>not</u> be checked since it is required that we ask about voter registration at each visit. |
| PICKUP INTERVAL | This interval dictates the number of months of Food Instruments the WIC family can receive at each visit. This field can also be modified at the time of Food Instrument issuance and can be modified for each participant within the family. For now, leave the default of 2-Bi-monthly. |
| EDUCATION LEVEL | Select the appropriate education level for the Authorized Representative from the LOV. |
| COMMUNICATIONS BOX | Click on this box and view the list in the LOV. You can use this box in the future to document communication with the Authorized Representative. |

| | |
|---|---|
| PHONE / CONFIDENTIALITY | Enter the phone number for the Authorized Representative. Do not check the Auto Dial box since Arizona does not have this functionality. |
| NO MAILINGS and NO PHONE CALLS CHECKBOXES | THIS MUST BE ASKED AT EVERY CERTIFICATION. When entering the Authorized Representative's phone information, they have the right not to receive mailing information or phone calls. Generally, these mailings and phone calls are simply to remind them of an appointment. If they do not wish to receive mailings and / or phone calls, be sure to check the boxes since this affects reports and mailing labels. If correspondence is sent to the participant from, it must be in a sealed envelope or a postcard; do not use 'WIC' in the return address. |
| PROXIES | Click on the box. An Authorized Representative is allowed up to two proxies. These are people who can pick up Food Instruments and also cash them for this client/family. It is required that the proxies receive education regarding the appropriate use of Food Instruments prior to receiving them; however, nutrition education is not required if they are not a caregiver of the WIC participant. |
| REFERRALS FROM | This can be used to document how the Authorized Representative heard about WIC. |
| HEALTH CARE PAYEE | Enter the source of health care for the Authorized Representative. |
| LANGUAGE | Enter the language(s) of the Authorized Representative. In some local agencies, this may affect which staff member the family will be scheduled with in the Appointment Scheduler. When a language other than English is chosen as the primary language, the 'Translator' box becomes enabled; check the checkmark if a translator will be needed to communicate with the client. (This may not apply to agencies that have many bilingual staff members.) Also, the primary language tells AIM in what language to print forms. AIM can only print in English and Spanish. If a language other than English or Spanish is chosen, AIM will |

| | |
|--|-------------------|
| | print in English. |
|--|-------------------|

NOTE: When the Authorized Representative of a WIC participant changes during a certification period stating that the infant / child is currently under their care, the clinic may issue up to 3 months of Food Instruments to the infant / child if ALL the following conditions are met:

- 1) The new Authorized Representative must bring the infant / child participant to the WIC appointment. If they do not bring the infant/child to the clinic, they are to be rescheduled.
- 2) The new Authorized Representative must show proof of the infant / child's ID. If ID is not available, the waiver form procedures are to be followed.
- 3) The new Authorized Representative must SIGN a written statement in the WIC office declaring that they are caring for the infant/child and an explanation of the circumstances that led them to becoming the caretaker.

EXAMPLE: I, _____ (name) _____, have become the caretaker of _____ (name) _____, date of birth _____, because _____ (reason) _____. The former Authorized Representative, _____ (name) _____, is no longer the caretaker for this child. If this situation changes, I will immediately notify the WIC clinic.

Signature: _____ Date: _____

WIC Staff Member Signature: _____

- 4) The WIC staff will assist in making the written statement if the new Authorized Representative is unable to write, and he or she must sign the statement or make their identifying mark.
- 5) The income of the new Authorized Representative still meets the WIC eligibility criteria.

This is to prevent food from being withheld from any eligible child and the program should not create undue hardships for substitute caretakers.

A new Family ID number will be created in AIM to accommodate the new Authorized Representative's demographic information. (This procedure needs to occur even when the former and new Authorized Representatives are from the same household. This is not the same as a Proxy situation.) The infant / child will be transferred into this new family. The procedure is as follows:

1. Using the Client/Family Lookup or WIC Identification folder, identify the **correct participant to be moved** into the new family.
2. Write down the **Client ID** number.
3. Query the family into which you want to move the participant, if they're already in the AIM system. If the new Authorized Representative is not already in the AIM

system, create a new family using their information. Once you have either queried or created the new family and searched for them in the Client/Family Lookup screen, double-click in the Results section on the Authorized Representative's **Family ID**. This will take you to the Family screen.

4. Move to the Client Registration screen. Be sure the correct Authorized Representative's information is at the top of the screen.
5. Click in the **Client ID** field.
6. Click on the **Query** icon.
7. The Client ID field will go blank (turn gray).
8. Enter the correct **Client ID** number for the person you want moved by typing it in.
9. Click on the **Query** icon again.
10. The client's information will populate the screen.
11. Click **Save**.
12. Proceed with transaction. **Note: the new Authorized Representative's income must be verified and documented.**
13. The new Authorized Representative must sign the WIC Rights and Obligations form (to be kept in the agency's files) and a new WIC ID folder must be issued and signed.
14. The WIC staff member should also document in the Warning Notes box in AIM as to the change in the participant's Authorized Representative situation.
15. A note will also be made in the Warning Notes box of the former Authorized Representative to provide the new Authorized Representative's name, AIM Family ID number and date of the change.

PROXY

The Authorized Representative may designate someone else to occasionally take care of WIC business for them. This designee is called a proxy. The proxy must be instructed in her / his responsibilities and fill out the form on the next page.

1. Select **Outputs** from **Enrollment / Certification** splash screen menu bar.
2. Select **Forms** from the drop-down menu.
3. Select **Proxy Form**.
4. Set the parameters window and print the form.

WIC University Training Manual

PROXY CERTIFICATION ARIZONA WIC PROGRAM

I, _____

Understand that I will be allowed to accept WIC drafts and
Buy WIC authorized foods for:

Participant's Name _____ Participant's Name _____

Participant's Name _____ Participant's Name _____

Participant's Name _____ Participant's Name _____

I also understand that I must follow all WIC rules including:

- shop only at WIC authorized stores
- buy only the foods bought to the participant
- give all foods bought to the participant
- save the receipts for the foods bought and give them to the participant, and
- use the drafts only during the dates in which they are valid.

**Finally, I understand that misuse of drafts is against the law and that
Offenders will be prosecuted.**

The Undersigned person is authorized to accept and use WIC drafts.

From _____ To _____

Proxy Signature _____ Date _____

Signature of Clinic Staff _____ Date _____

Printed Name and Title of Clinic Staff _____

ADHS/ONS/WIC 8/8a REV: 1/99

CERTIFICADO DE AUTORIDAD PROGRAMA WIC DE ARIZONA

Yo, _____

Comprendo que seré permitido aceptar los cheques de
WIC y comprar los alimentos autorizados por WIC para:

Nombre de participante _____ Nombre de participante _____

Nombre de participante _____ Nombre de participante _____

Nombre de participante _____ Nombre de participante _____

Ademas comprendo que debo seguir las reglas de WIC incluyendo:

- comprar solo en las tiendas autorizadas por WIC
- comprar solo los alimentos apuntados en el cheque
- dar todos los alimentos al participante
- obtener los recibos de la tienda de los alimentos comprados y entregarios al participante
- usar los cheques solamente durante el tiempo en el que son válidos

Finalmente comprendo que el uso impropio de los cheques es contra la ley y los ofensores serán sujeto a la prosecución.

La persona firmante es autorizada para aceptar y usar los cheques de WIC

Desda _____ Hasta _____

Firma de autorizado(a) _____ Fecha _____

Firma de personal de la clinica _____ Fecha _____

Nombre en letra de imprenta y titulo de personal de la clinica _____

Section 3: Client Registration Screen

The **Client Registration** window is used for gathering information about each participant within the family and recording that information.

Click the **Enrollment and Certification** Module. Click **Certification Info** from the menu bar, and then choose **Client Reg.** If you are already viewing **Family Information**, click on the **Client Reg** radio button.

Client Registration window

The screenshot shows the 'Arizona WIC Program - [Client Registration]' window. The interface includes a menu bar (File, Edit, Item, Record, Query, Window, Help) and a toolbar with various icons. The main area is divided into sections for Family and Client information. The Family section includes fields for Family ID, Authorized Rep 1 Last Name, Authorized Rep 1 First Name, MI1, MI2, and a Notes button. The Client section includes fields for Client ID, Last Name, First Name, MI1, MI2, and SSN. Below these are fields for Birth Date, Age (Yrs.) (Months), Gender (Male/Female), Family Size, and WIC Family Size. There are also fields for Proof of Identity, Application Date, and Mother's ID. A section on the right contains checkboxes for Adj. Elig. and Inc. Elig., and buttons for Eligibility, Other Programs, Previous Names, and Previous Families. At the bottom, there are checkboxes for Migrant, Homeless, Group Home, Military, Refugee, and Foster Care, along with fields for Disability, VOC, and Ineligibility Reason. A status bar at the bottom shows 'Enter a query: press F8 to execute, Ctrl+q to cancel.' and 'Record: 1/1'.

The Authorized Rep's name carries through from the Family screen. Tab to the **Client ID** field. This field automatically displays the first participant enrolled in the family. To view or update information when there is more than one participant in the family, move to the **Client Last Name** field and click the VCR button (>) to move to the records of other family members.

How to Add a Record (Participant) to an Existing Family

The green plus (+) on the menu at the top of the **Client Reg** screen is used to add another participant to an already existing family. If the mother is also a WIC participant, always enter her into AIM first. Then, add others into her Family ID. Place your cursor in the Client First or Last Name field and click the green plus (+). This will create a new record for you to enter a new WIC participant.

Tab through the remaining fields to verify that all information is correct.
The following table provides a summary for each field.

Table of Fields in the Client Registration window

| Field Name | Field Information |
|---------------------------------|--|
| Last Name, First Name, MI1, MI2 | Enter the appropriate information. MI stands for middle initial. |
| SSN | The social security number field is grayed out and is not used. |
| Birth Date | Enter the birth date of the participant. If an incorrect birth date is entered and the error is realized <u>before</u> the Medical and Health screens are completed, it can be corrected by red X-ing the certification and a new certification can be completed. If it is realized <u>after</u> the Medical and Health screens are completed, the certification must be terminated. The birth date can then be changed. After changing the birth date, the user can reverse the Termination, return to the Cert Action screen, click in the Category field and delete the number from the category, type in the new category number and tab through to the Cert End Date field. |
| Gender | Select the correct radio button. |
| Family Size | Enter the number of people in the household / economic unit. Add one person for each baby that a pregnant woman is carrying. |
| WIC Family Size | This field is system-generated based on the number of people in the household that are <u>actively</u> participating in WIC. A zero will be displayed until a certification period has been entered in the Cert Action screen. Foster children will be included in this total. |
| Proof of Identity | The default is "Driver's License" for women and elderly participants. The default is "Birth Certificate" for infants and children. Select the correct description from LOV. Social Security is not to be collected. |

| Field Name | Field Information |
|------------------|---|
| Application Date | This field defaults to today's date as the date the participant first applied for WIC services and cannot be changed once the information is saved. |
| Mother's ID | If the mother has a WIC / CSF ID number, you must enter the mother's WIC / CSF ID number into the infant or child participant's record. This number is needed to identify and link a WIC mother to WIC children. The number is also needed to link health history data, tobacco data, and risk information between infant/child and mother. |
| Migrant | Check this box if the client you are working with is a migrant (a person who moves from place to place to get work, especially a farm laborer who harvests crops seasonally). Risks may be assigned. |
| Homeless | Check the box if the client is homeless. Risks may be assigned. If the applicant can provide an address for a friend or relative through which the applicant / participant can be contacted, this should be collected. If not, 'homeless' or the clinic's address should be used. Select 'Other' for proof of address shown. |
| Group Home | Check the box if the client lives in a group home. Risks may be assigned. |
| Military | Check the box if the client is in the military. Risks may be assigned. |
| Refugee | Check the box if the client is a refugee. Risks may be assigned. |
| Foster Care | Check the box if the client is in foster care. Risks may be assigned if they have <u>entered or changed homes</u> in the last 6 months. It is important to know if this child is in foster care, since income eligibility is determined individually for these applicants. |
| Race / Ethnicity | Mandatory – Choose one ethnicity, one or more races and indicate how the information was obtained. |

WIC University Training Manual

| | |
|-------------------------------|---|
| Disability | Choose the appropriate selection from the LOV. |
| Verification of Certification | A “display-only” field that is completed with the participant verification of certification (VOC) number for an out-of-state transfer. |
| Health Care | Enter the source of health care for the applicant/client. |
| Transfer Info | Use this button to view system-generated transfer information if this client has transferred from one location to another in the past. |
| Communications | Select this button to record each correspondence or communication printed, given, or mailed to the participant as well as the date on which the correspondence is given. The communication date defaults to today's date, but you may override it, if desired. |
| Other Programs | This button allows you to enter other programs from which the client is receiving assistance. |
| Previous Names | This button displays any previous names used by the client. |
| Previous Families | This button displays the previous AIM families to which the client belonged. |
| Notes checkbox | This is the same Notes button that appears on the Family Information screen. It allows you to enter family warning notes or any information that you feel is important to know about this family. The checkmark will turn red, indicating that there is a note that staff should check before processing the client. Once the information is no longer applicable, it can be deleted and the check mark will turn green again. This is the same box as on the Family Info screen. |

Ethnicity / Race Pop-up

The WIC Program must collect data on participants' ethnicity and race to report to the Federal government. The AIM pop-up has been set up to collect this data quickly, so that it will not take time away from your client. Please choose one ethnicity, one or more races, and indicate how the information was obtained. **Please reassure your clients that these questions will not affect their participation in WIC.**

The screenshot shows the 'Arizona WIC Program - [Client Registration]' window. The 'Family' tab is active, showing 'Family ID' 049033311, 'Authorized Rep 1 Last Name' CALCULATE, and 'Authorized Rep 1 First Name' RISKS. The 'Client' tab is also visible, showing 'Client ID' 32300011590, 'Last Name' CALCULATE, and 'First Name' RISKS. The 'Birth Date' is 05/16/1983. The 'Proof of Id' is C. The 'Ethnicity/Race' pop-up dialog is open, showing 'Choose One of the Following:' with radio buttons for 'Not Hispanic or Latino' (selected) and 'Hispanic or Latino'. Below this, 'Choose One or More of the Following:' has checkboxes for 'American Indian or Alaskan Native', 'Asian', 'Native Hawaiian or Other Pacific Islander', 'Black or African American' (checked), and 'White'. At the bottom, 'Choose One of the Following:' has radio buttons for 'Provided by Client' (selected) and 'Client Refused, Observed by Staff'. The 'OK' button is at the bottom of the dialog. The background window shows various fields like 'MI1', 'MI2', 'SSN', 'Family Size', 'Adj. Elig.', 'Inc. Elig.', 'Eligibility', 'Other Programs', 'Previous Names', 'Previous Families', 'Care Plan', and 'Food Pkg'.

Ethnicity / Race pop-up

The categories for data on race and ethnicity are as follows:

Ethnicity

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Race

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Income – Client Reg Screen

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Family

Family ID: 020706002

Authorized Rep 1 Last Name: BARRY

Authorized Rep 1 First Name: JOAN

MI1: ☐ MI2: ☐ Notes: ☒

Client

Client ID: 1045000

Eligibility

Program: AHCCCS

Birth Date: 12/20/19

Proof of: ☐

Ethnic G: 3

Income Family: OK: Income Individual: Income bility:

Adjunct Eligibility: ☒ Participant: ☒

Inc. Elig.: ☒ 1733.33

☐ Migrant ☐ Homeless ☐ Group Home ☐ Military ☐ Refugee ☐ Foster Care

VOC: Ineligibility Reason:

Health Care: Other Programs:

Transfer Info: Previous Names:

Communications: Previous Families:

☐ Family ☒ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Select the Program ID from the list of values.

Record: 1/1 List of Values <OSC> <DBG>

- Click the **Eligibility** button to enter income information. This screen will allow you to enter the adjunctively eligible programs, if any, in which the applicant participates. Income received by each member of the economic unit must be confirmed by paper or an official verification system, such as dial-up confirmation or online access. **Photocopies are not required** by the State Agency, but the source of income will be documented.
- Documentation can represent the **past twelve (12) month's income or current income**, whichever is most representative of the family's status.
- Acceptable types of documentation of income include, but are not limited to, pay stubs, W-2 forms, Unemployment form, statement signed and dated by employer or tax reporting forms.
- The four adjunct eligibility programs are:
 - AHCCCS – decision letter with current eligibility dates
 - Temporary Assistance for Needy Families (TANF) – approval letter
 - Food Stamps – most recent certification letter
 - Section 8 housing – award letter

- Lack of income documentation will not be a barrier to service. If the applicant cannot document income or declares that no income exists, they must sign the Documentation of Waiver Form. See next pages for explanation.

To enter income information:

- Click the **Program** LOV to open the Program list.
- Select “AHCCCS” or other adjunct eligibility program and click **OK**.
- If the applicant is the person participating in the program, check the **Participant** checkbox. The **Adjunct Eligibility** box on the Client Reg screen will automatically be checked now.

Now you must enter their actual income information, using either the **Income Family** or **Income Individual** button. This will take you into the **Income Calculator** screen.

The **Income Individual** button is only used in two situations: when enrolling a foster child or when a child (C1-C4) is on AHCCCS. Foster children are assessed for income as a family of one. By using the **Income Individual** button, that income will not be added to the family's other income.

In all other instances, the **Income Family** button is used to access the **Income Calculator** screen for the family. From here, you can verify, enter and / or update the income information.

How to Document Income

To enter a new income record or to view past income records, click in the **New Income Date** field. Today's date will auto-fill into the field so you can enter a new income record today. If you want to view past income records, use the single left scroll arrow across the top of the screen to scroll through previous income records by date.

When a participant has documentation of current eligibility / participation in one of the four adjunct eligibility programs (AHCCCS, TANF, Food Stamps, Section 8 housing) at time of certification, it is to be entered into the AIM system as follows:

- Interval = enter appropriate interval: **M** (monthly) or **SA** (semi-annual) or etc.
- Amount = **enter dollar amount of estimated income disclosed by participant per interval selected above** (self-declared income, no documentation needed)
- Source = **S** - Adjunctively Eligible Program (if they brought proof of income) or **T** - Self-declared (if they verbally state the income amount they used to qualify for the adjunctively eligible program).
- Documentation = **4** (AHCCCS letter) or **7** (Food Stamp letter) or **6** (TANF letter) or **13** (Section 8 Housing letter)

If a participant does not bring proof of adjunctive eligibility at their certification appointment, they cannot be classified as adjunctively eligible at that certification. You can, however, add that adjunct program to the 'Other Programs' button, since this will not affect their income or adjunct eligibility status. They may fill out the top of the Documentation of Waiver Form. If the participant forgot proof of income, they have 30 days to bring in documentation of income or letter of adjunct eligibility (use code 10 for 'Forgot Documentation/Waiver' in the **Income Calculator** screen).

- They may be issued Food Instruments (FIs) for 1 month only.
- If they fail to bring in documentation the following month, they should be rescheduled until documentation is provided. There will be a pop-up in the **On-Demand** screen saying "Forgot Documentation" if the user tries to print more than one month of Food Instruments.

NOTE: If a participant declares or shows proof of income that is above WIC's eligibility limit of 185% Federal Poverty Level but they are adjunctively eligible, they are still eligible for WIC benefits. The adjunctively eligible program may screen income differently than WIC, but they are still WIC income-eligible since they participate in that program. THIS IS NOT FRAUD!

A client's income from a past certification (even if they were adjunctively eligible) has nothing to do with the current certification period. You must document income at every certification. Past income records will still display in the Income Calculator screen at clients' future Certifications. In order to enter new income information, you must use the red X on the top toolbar to delete past data. You cannot use the Clear Record button.

The top of the Documentation of Waiver form must be completed as follows:

- ✓ Check the first box that states documentation exists but was not brought to the appointment
- ✓ Check Proof of Income as missing
- ✓ The Authorized Representative must sign the Waiver Form, and the Waiver Form is to be kept in the participant's file or in the daily file

AIM documentation for missing income is as follows:

- ✓ Interval = enter appropriate interval: **M** (monthly) or **SA** (semi-annual) or etc.
- ✓ Amount = **enter dollar amount of estimated income disclosed by participant per interval selected above** (self-declared income, no documentation needed)
- ✓ Source = **T - Self-declared**
- ✓ Documentation = **10** (forgot documentation/waiver)

The participant should be told that he / she must bring the proper documentation to the WIC clinic within 30 days or he / she may be disqualified from the program. They should be rescheduled for a time when they can bring back proof.

The month following the 30-day extension, or at the next visit, the participant must provide proof of income **or** documentation of current eligibility / participation in one of the four programs mentioned above. This information is to be entered into AIM as follows:

- ✓ Update the **source** and **documentation** fields in the income screen

Common Military Pays / Allowances that must be counted when determining WIC Income Eligibility

- I. The Leave and Earnings Statement (LES) is a monthly statement of the preceding month's pay of military personnel. This is the document that will provide WIC the correct information for income eligibility determination.
- II. Entitlements refer to the different types of pay active military personnel receive, depending on their rank, location, and assignment.
- III. The following types of pay for active military personnel are counted in gross income for WIC income determination:

BASE PAY

Base Pay is the amount of basic pay all active duty personnel receives. The amount of base pay is determined by the length of time in the service and pay grade.

BASIC ALLOWANCE (BAS)

Referring to Basic Allowance for Subsistence, BAS is intended to provide meals for the service member; its level is linked to the price of food.

SAVE PAY

Save Pay refers to money given to some personnel as they switch from time-in-service to time-in-grade pay so that they do not see a drop in basic pay.

CLOTHING ALLOWANCE

A clothing allowance may be issued to help a member pay for his/her uniforms. This is an annual pay given primarily to enlisted service members.

FAMILY SEPARATION ALLOWANCE (FSA)

This pay is for service members with dependents that meet the eligibility criteria to receive an additional \$250 per month. Service members will receive FSA pay from the day of departure from the home station and end the day prior to arrival at the home station.

RE-ENLISTMENT BONUS (SRB)

SRB may be paid to a U.S. Armed Forces enlisted member who meets certain conditions. Reenlistment bonus amounts may vary depending on member's prior years of service. The member receives 50% of the bonus up front and the remaining balance is paid in annual installments.

HOSTILE FIRE/IMMINENT DANGER PAY (HFP/IDP)

A member of a uniformed service may be paid a special pay at the rate of \$225 for any month in which he was entitled to basic pay in which they served within an officially declared hostile fire/imminent danger zone. One day spent in a designated HFP area qualifies the member for an entire month of pay. Also, Hazardous Duty Pay is to be included in gross income.

CAREER ENLISTED FLYER INCENTIVE PAY (CEFIP)

A service member may be eligible to receive CEFIP if he/she is considered "Career Enlisted Flyer" by the military. If this is the case, the service member may be eligible for continuous, monthly incentive pay.

CAREER SEA PAY

Active Duty Enlisted Service Members or Commissioned Officers on sea duty are entitled to Career Sea Pay up to \$730 a month.

COST OF LIVING ALLOWANCE (COLA)

COLA is a cash allowance intended to enable an equitable standard of living in areas where cost of living is unusually high in the continental U.S. If the cost of living in the area where the member is assigned is the same or lower than average in the U.S., COLA is not authorized. See the following link for States where military personnel are authorized to receive COLA:

<https://secureapp2.hqda.pentagon.mil/perdiem/cclocs07.pdf>.

HARDSHIP DUTY PAY

Hardship Duty Pay is a special pay used as additional compensation for service members who are either serving in locations where living conditions create undue hardship or who are performing designated hardship missions.

FOREIGN LANGUAGE PROFICIENCY PAY (FLPP)

An officer or enlisted member of the Armed Forces who has been certified as proficient in a foreign language within the past 12 months (or 12 months plus 180 days when called or recalled to active duty in support of contingency operations) may be paid Foreign Language Proficiency Pay (FLPP).

SPECIAL DUTY ASSIGNMENT PAY (SDAP)

All enlisted active duty service members who perform duties designated as extremely difficult or requiring a high level of responsibility in a military skill may be paid SDAP. Amounts paid monthly based on duties range from \$75 to \$450.

VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM OR THE GI BILL

Service members pay into an education program, the Veteran's Educational Assistance Program or the GI Bill, and the military matches the amount. When these individuals later attend school/college, they receive a monthly check for school expenses. This monthly check must be included in gross income.

NOTE: If any of the types of pay are made on a temporary basis (ie: not for the full year), you may choose to consider the income of such a family during the past 12 months as a more accurate indicator of the family's income status, as opposed to calculating income on a "current" rate basis. Averaging the pay for the past 12 months gives them a better chance of qualifying for WIC. However, if the current rate of pay is less than previous months' pay rate, use the current rate.

For example, the LES of an enlisted person shows a monthly pay for the past 3 months of \$5,000, which included combat duty pay and excluded their housing allowances. Their LES statements for the preceding 9 months show only \$3,000 per month, so you would multiply \$5,000 by 3 months and \$3,000 by 9 months to get a total of \$42,000 for the year. This amounts to an average of \$3,500/month, which is less than the average of \$5,000/month if income had been calculated using \$5,000 for the entire 12 months.

MILITARY SURVIVOR BENEFITS PLAN (SBP)

The Uniformed Services Survivor Benefit Plan (SBP) is the sole means by which survivors can receive a portion of military retired pay. Without it, retired pay stops on the date of death of the retiree. The dollar amount of the survivor's benefits pay can be any amount between \$300 per month and full retired pay.

- IV. The following types of pay for active military pay are not counted in gross income for WIC income determination purposes and, therefore, should be deducted from their gross pay:

BAH

BAH refers to Basic Allowance for Housing, an allowance for housing given to personnel who lives off base.

FSH

FSH refers to Family Separation Housing Allowance provided to military personnel who are assigned to another location away from their families.

OCONUS COLA

OCONUS COLA refers to cost of living allowance provided to military personnel residing in designated overseas high-cost living areas outside of the continental United States. (This is different from COLA, which is provided to military personnel residing in the continental U.S.; COLA must be counted as income for WIC.)

VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM OR THE GI BILL

Service members pay into an education program, the Veteran's Educational Assistance Program or the GI Bill, and the military matches the amount. When these individuals later attend school/college, they receive a monthly check for school expenses. WIC is required to exclude the upfront amount taken out of a military persons' salary that goes into the education assistance program.

V. Military Reservists called to active duty

Families of military reservists who are placed in active duty may experience a drop in income such that they may become income eligible for the WIC Program. In this situation, determination of income may be based on the family's "current" rate of income while the reservist is on active duty for a more accurate determination of the family's income status.

VI. Children in the temporary care of friends or relatives

There are 3 options to determine income:

- a. If gross income is available, the absent parents or one parent and their children can be considered as the economic unit.
- b. If the unit has its own adequate source of income, i.e. child allotment, the children can be counted as a separate economic unit.
- c. When the first two above-mentioned options are not applicable, the children are considered to be part of the economic unit of the person(s) they are residing with.

Income Source Code in AIM - "T-SELF DECLARED"

AIM has an income source code of "T" for "self-declared" income.

Use code T-self declared, when the client does not bring in their income documentation and the Documentation of Waiver Form is used.

Code T is **also** used if the client brings in proof of current adjunctive eligibility and verbally states the income amount they told the adjunct program to qualify for the program.

Use code "S-Adjunctively Eligible Program" if a client happens to bring in both proof of adjunct eligibility and proof of income. They do not need to show proof of income with proof of adjunct program participation.

Migrants' income

Determination of income eligibility will be made once every twelve (12) months for migrant field workers, including qualifying loggers and their families. The migrant status will be indicated on the Arizona WIC ID folders, indicating exemption from having income determination repeated within a twelve (12) month period.

Disqualification during a Cert period

Individuals may be disqualified during a certification period if a reassessment identifies that they are no longer income eligible or adjunctively income eligible. However, if there is 90 days or less before the certification period expires, then a disqualification is not required. Additionally, clients cannot be disqualified from WIC solely on the basis of cessation of benefits from TANF, AHCCCS, Food stamps or other State-administered programs. They will be reassessed under other income criteria before being disqualified.

Waiver Form Explanation

The Waiver Form has several uses in the Arizona WIC program. It is separated into two (2) sections, top and bottom, and each section has a different use.

- 1.) The top of the Waiver Form is used when the applicant has documentation of income, address, or identification, but did not bring it to the certification appointment.

The top of the form is to be completed by:

- Checking the box that corresponds to the type of documentation that was forgotten
- The applicant filling their name in the blank line and signing and dating it
- The WIC staff member signing and dating on the appropriate lines.

Note: The top of the Waiver Form will only allow **one (1) month of Food Instruments** to be issued.

- 2.) The bottom of the Waiver Form is used when the applicant does not have documentation of income, address, or identification because documentation does not exist.

The bottom of the form is to be completed by:

- Checking the box that corresponds to the type of documentation that the applicant does not have
- The applicant filling their name in the blank line and signing and dating it
- The WIC staff member signing and dating on the appropriate lines.

Notes:

- a. In the case of no income documentation, the applicant must declare a total gross household income amount and the appropriate interval (i.e., weekly, monthly, yearly) and include the reason for no documentation.
 - b. In the case of no address or identification documentation, the applicant must state the address where they are currently residing (if applicable) and include the reason for no documentation.
 - c. The bottom of the Waiver form is good for the **entire certification period** and will allow more than one (1) month of Food Instruments to be issued.
- 3.) The bottom of the Waiver form is also to be used when an applicant declares an income amount of zero. In this case, the middle box on the bottom half of the Waiver form is to be checked. The applicant must state from where they are receiving food and housing.

WIC University Training Manual

ARIZONA WIC PROGRAM

Documentation of Waiver Form

For the following situations, issue one month of Food Instruments:

☐ Documentation of the following exists but was not brought to the appointment. Check all that apply:

- ☐ Proof of Income
- ☐ Proof of Address
- ☐ Proof of Identification

If I qualify for the program, I will be given one (1) month of Food Instruments. I, _____ understand that the above documents are required for WIC certification. If I do not bring the existing required document(s) to my next WIC appointment/visit, within 30 days, I will not be able to participate in the WIC program.

Authorized Representative Signature: _____ Date: _____

WIC Staff Signature: _____ Date: _____

For the following situations, the applicant, if qualified, can be enrolled on WIC for the entire certification period:

Income

☐ For Applicants or Authorized Representatives with inadequate income documentation or those that do not have income documentation because the documentation does not exist:

I declare my total gross household income is \$ _____ Per

- ☐ Week
- ☐ Every other week
- ☐ Month
- ☐ Year

Reason for inadequate or no documentation: _____

☐ For Applicants or Authorized Representatives with ZERO income. I declare my total gross household income is ZERO. I understand that I can only declare ZERO income one time.

I am getting food from: _____

I am getting housing from: _____

Address or Identification

☐ For Applicants or Authorized Representatives with do not have documentation of address and/or identification because the documentation does not exist:

Address is: _____

Reason for no proof of address or identification: _____

I, _____, verify the above information is correct. I understand that providing incorrect or misleading information can result in criminal charges and/or paying the Arizona Department of Health Services, in cash, the value of the food benefits improperly received.

Authorized Representative Signature: _____ Date: _____

WIC Staff Signature: _____ Date: _____

WIC University Training Manual

PROGRAMA DE WIC EN ARIZONA FORMA DE RENUNCIA DE DOCUMENTACIÓN

Nombre del Participante: _____

Para las siguientes situaciones, se le dará instrumentos de comida por un mes:

☐ La documentación de los siguientes sí existe pero no fue traída a la cita. Marque todos los que aplican:

- ☐ Prueba de Ingresos
- ☐ Prueba de Dirección
- ☐ Prueba de Identificación

Aunque se me atorgara un mes (1) de instrumentos de comida, yo, _____, entiendo que los documentos mencionados arriba son requeridos para certificar para el programa WIC. Además, si no traigo los documentos requeridos a mi próxima cita con WIC, que sería dentro de 30 días, ya no podré continuar mi participación en el Programa WIC.

Firma del Representativo Autorizado: _____ **Fecha:** _____

Firma del Personal de WIC: _____ **Fecha:** _____

Para las siguientes situaciones, el solicitante, si califica, puede ser enlistado/a para recibir WIC por el periodo completo de certificación:

Ingresos

☐ Para los solicitantes o representativos autorizados con documentación de ingresos inadecuados o aquellos que no tienen documentación de ingresos porque la documentación no existe:

Yo declaro que el ingreso total de mi hogar es de \$ _____ cada

- ☐ Semana
- ☐ Quincena
- ☐ Dos veces al mes
- ☐ Mes
- ☐ Año

La razón por no tener documentación o presentar documentación inadecuada: _____

☐ Para los solicitantes o representativos autorizados con CERO de ingresos. Yo declaro que el ingreso total de mi hogar es CERO.

Yo obtengo alimentos de: _____

Yo obtengo vivienda de: _____

Dirección o Identificación

☐ Para los solicitantes o representativos autorizados quien no tienen documentación de dirección o identificación porque ésta documentación no existe:

La direccion es: _____

La razón por no tener prueba de dirección o identificación: _____

Yo, _____, verifico que la información presentada arriba es correcta. Yo entiendo que presentando información incorrecta o engañosa me puede resultar en cargos criminales y / o pagándole al Departamento de Servicios de Salud del Estado de Arizona, en efectivo, el valor de todos los beneficios de alimentos recibidos.

Firma del Representativo Autorizado: _____ **Fecha:** _____

Firma del Personal de WIC: _____ **Fecha:** _____

Zero Income

A WIC applicant can declare zero income once in their WIC lifetime, not once per certification. This is different from someone stating that they forgot their income documentation or proof of adjunct program participation. When someone declares zero income, it should be documented in the Communications button on the Client Registration screen with the code ZRO for zero income declared. When an applicant declares zero income, check in the Communications button to make sure they have not already used their one chance to declare zero income. Attempting to declare zero income cannot be a barrier to service; we must work with the applicant to determine the amount of in-kind support they are receiving, such as housing, clothing, food, etc. They are not truly surviving on no income.

Fill out 'Income' section at the bottom of the Waiver Form, stating the amount of in-kind income that you determine they are receiving and a reason for no existing documentation. In AIM, enter the amount of in-kind income along with the appropriate interval; use 'Code 20- Waiver Form' as the documentation and 'T - Self-Declared' as the income source.

The screenshot displays the 'Arizona WIC Program - [Client Registration]' application window. A 'Communication Types' pop-up window is open, showing a list of communication codes and their descriptions. The code 'ZRO' is highlighted, corresponding to the description 'FORM USED TO DECLARE ZERO INCOME'. The main window shows the 'Family' tab with the following information:

- Family ID: 042744468
- Authorized Rep 1 Last Name: 701
- Authorized Rep 1 First Name: 701
- MI1: ☐
- MI2: ☐
- Notes: ☒

The 'Communication Types' pop-up window has a search bar with the text '%'. The list of communication types includes:

| Code | Description |
|------|---------------------------------------|
| CRP | CERTIFICATION RECORD PRINTED |
| CRC | CIVIL RIGHTS COMPLAINT FORM |
| PRR | CONSENT/RELEASE FORM |
| CNR | CSF NOTICE TO REAPPLY |
| EM | EMAIL COMMUNICATION |
| FAN | FINAL APPOINTMENT NOTICE |
| ZRO | FORM USED TO DECLARE ZERO INCOME |
| FP | FORMULA PRESCRIPTION |
| FM2 | FY 2002 FARMERS' MARKET CHECKS ISSUED |
| FM3 | FY 2003 FARMERS' MARKET CHECKS ISSUED |
| FM4 | FY 2004 FARMERS' MARKET CHECKS ISSUED |
| FM5 | FY 2005 FARMER'S MARKET CHECKS ISSUED |
| IND | INCOME DECLARATION |

The pop-up window has buttons for 'Find', 'OK', and 'Cancel'. The status bar at the bottom of the main window shows 'Choices in list: 50' and 'Record: 1/1'.

Communication Types Pop-up showing the ZRO code

Ineligibility Notice

If a participant makes too much income to qualify for WIC, a message flashes in the **Income Calculator** window stating “*Income Not Eligible.*” When you return to the **Client Registration** window, the **Ineligibility Reason** field will be auto-filled with the appropriate ineligibility reason. Save your work.

Printing the Ineligibility Notice

A message is displayed after saving your work that asks if you wish to print the Notice of Ineligibility. Click **Yes** to print the notice.

You may also print an Ineligibility Notice from the **Enrollment and Certification** Module.

Select **Outputs** from the **Enrollment/Certification** splash screen menu bar.

Select **Forms** from the menu.

Select Ineligibility Notice.

- Complete the parameters window and print the form.

Income Calculator Screen

Example: At an applicant's certification visit, they say that they don't have proof of income (it doesn't exist); have them fill out Documentation of Waiver form and self-declare that income amount. See the screen shot below.

| Field / Radio Button name | |
|-------------------------------|--|
| W/I/C or Elderly radio button | Select the appropriate radio button. |
| NAME | This field defaults to "PRIMARY PROVIDER." You can enter a name if desired. If you are entering more than one (1) family member's income, please change Primary Provider to the income providers' names. |
| SSN | Do not fill in. |
| INTERVAL | Enter the interval of the income. |
| AMOUNT | Enter the amount of the income. |
| SOURCE | Enter the source code "T Self Declared." |
| DOCUMENTATION | Use the documentation code "20-Waiver Form." |
| NUMBER IN FAMILY | This carries through from the Client Reg screen. |
| UNBORN COUNTED | Each baby/fetus the pregnant woman is carrying counts as one (1) person in the family, so a woman pregnant with one (1) baby counts as a family of two (2). |

Arizona WIC Program - [Income Calculator]

File Edit Item Record Query Window Help

4.2.08/Uat30/3001

Income Providers

☒ W/I/C ☐ Elderly

| Name | SSN |
|------------------|-----|
| PRIMARY PROVIDER | |
| | |
| | |
| | |

Income

| Interval | Amount | Source | Documentation | Monthly | Annual |
|----------|--------|--------|---------------|---------|---------|
| M | 400.00 | T | 20 | 400.00 | 4800.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Weekly Hours: Totals: 400.00 4800.00

WIC Income Guidelines

Number In Family:

Unborn Counted: ☐

New Income Date:

Income Averaging

Interval: Total: Average:

Amount:

Select the income source code from the list of values.

Section 4: Cert Action Screen

The **Cert Action** window establishes the participant's category and automatically determines the length of the certification period. This is also where you change a client's category mid-certification, extend a certification by 30 days (if you have the Extend Cert role), recalculate the certification end date when there is a change in a Pregnant (PG) woman's **Expected Delivery Date** (EDD) or **Last Menstrual Period** (LMP), and add a client to the Waiting List.

Click on the **Cert Action** radio button.

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

6.0.04|Uat30|3032

Client

Client ID: 32300013295
 Last Name: ABRIL
 First Name: ABBY
 MI1:
 MI2:
 Birth Date: 09/01/2006

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | | Wait List | Cert Created By | Termination Date | Term |
|----------------------------------|-----------------------|----------|--------------------------|-----------------|---------------|----------|-----------------------|----------------------------------|--------------------------|-----------------|------------------|------|
| | | | | | | | No | Yes | | | | |
| <input checked="" type="radio"/> | <input type="radio"/> | IPN | INFANT, BREASTFEEDING, F | 09/06/2006 | 08/31/2007 | 51 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | WICDIR30 | | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | | | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | | | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | | | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | | | Term |

Actual Delivery Date:
 Expected Delivery Date: 09/06/2006
 Last Menstrual Period:
 CSF Distribution Site:
 Proof of Preg. ☐
 Reason Client Not Present:
 Comment:
 CSF
 Category Change
 Extend Cert Period

☐ Family ☐ Client Reg ☒ **Cert Action** ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

The client / family lookup for an existing client.
 Record: 1 DSC> <DBG>

| Field Name | Field Information |
|---|---|
| Client ID, Last Name, First Name, MI1, MI2 | This information will be carried over from the Client Registration window. |
| WIC / CSF | These radio buttons indicate for which program the client is being certified. |
| Category | This will auto-fill from pre-certification or select correct category from LOV. |
| Cert Start Date | This field defaults to today's date and should not be manually changed. |
| Cert End Date, Duration | These are automatically calculated based on the Cert Start Date and cannot be changed. |
| Client Present Radio Buttons | This question is asking if the client being certified is present. Click in the appropriate button; if 'No' is selected, a reason must be selected as to why they are not present. If it not due to one of WIC's four acceptable reasons for not being present (serious illness, medical condition requiring bed rest (includes pregnancy bed rest, hospitalized, medical equipment not easily transportable), they must be rescheduled for a time when they can be present. A note documenting the presence of any of the above four conditions is required. See screen shots below. |
| Wait List | This box will be checked automatically by the system if it is determined that the applicant's category and priority are not currently being served. |
| Cert Created By | This field will auto-fill with the user's name that created the certification. It cannot be changed. |
| Termination Date | This field cannot be changed and will be populated with the date that the participant was terminated from the WIC/CSFP program. |
| Term | This button contains the reasons that a certification can be terminated. A certification period cannot be terminated here; it must be done in the Welcome screen, Enrollment and Certification , Certification Info , Cert Action , Termination . |

| Field Name | Field Information |
|-------------------------------|---|
| Actual Delivery Date | Applies to postpartum women. Fill in the actual date that she gave birth. |
| Expected Delivery Date | For pregnant women, either this field or Last Menstrual Period field must be completed. This field is also required for everyone under age 2 to determine prematurity. See NOTE below. |
| Last Menstrual Period | For pregnant women, either this field or Expected Due Date field must be completed. |
| Proof of Pregnancy | Check this box if client brings in proof of pregnancy. <u>This is not required in Arizona WIC.</u> |
| Category Change | This button is used to change a participant's category. See further explanation and screen shots below. |
| Extend Cert Period | If a user extends the certification, they must add a note explaining the reason. Only the users with the Extend Cert role are allowed to extend a certification for emergencies and must document the reason. |

NOTE: The Expected Delivery date (EDD) field must be filled in for children up to the age of 2 to determine if they were born 3 or more weeks (21 or more days) early, determining if they were born prematurely. Certain risks (121, 134, 141, 142) are correctly assigned based on the EDD. You can update the EDD field at any time, such as if the mother couldn't remember or if she remembered incorrectly. You may get pop-up messages telling you to update information in other screens to reflect the corrected EDD.

Client Present Pop-up

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

6.0.07|Uat30|3020

Client

Client ID: 20300013293 Last Name: INFANT First Name: TRKR2963 MI1: MI2: Birth Date: 05/31/2006

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination | |
|----------------------------------|-----------------------|----------|--------------------------|-----------------|---------------|----------|-----------------------|----------------------------------|--------------------------|-------------|------------|
| | | | | | | | No | Yes | List By | Date | |
| <input checked="" type="radio"/> | <input type="radio"/> | IPN | INFANT, BREASTFEEDING, F | 10/13/2006 | 05/30/2007 | 32 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | vMCDIR30 | |
| <input type="radio"/> | <input type="radio"/> | EN | INFANT, BREASTFEEDING, F | 09/01/2006 | 05/30/2007 | 38 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | vMCDIR30 | 10/13/2006 |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |

Actual Delivery Date: Expected Delivery Date: 05/31/2006 Last Menstrual Period:

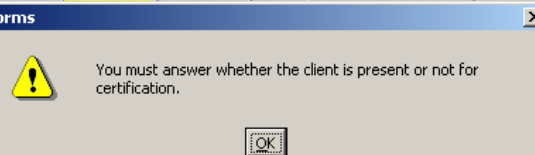
Proof Preg. ☐

Comment

Category Change Extend Cert Period

☐ Family ☐ Client Reg ☒ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Record: 1/2 <OSC> <DBG>



Reasons Not Present Pop-up

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

6.0.04|Uat30|3032

Client

Client ID: 32300013295 Last Name: ABRIL First Name: ABBY MI1: MI2: Birth Date: 09/01/2006

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination | |
|----------------------------------|-----------------------|----------|--------------------------|-----------------|---------------|----------|----------------------------------|-----------------------|--------------------------|-------------|--|
| | | | | | | | No | Yes | List By | Date | |
| <input checked="" type="radio"/> | <input type="radio"/> | IPN | INFANT, BREASTFEEDING, F | 09/06/2006 | 08/31/2007 | 51 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | vMCDIR30 | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | |

Actual Delivery Date: Expected Delivery Date: 09/06/2006 Last Menstrual Period:

Proof Preg. ☐

Comment

Category Change Extend Cert Period

☐ Family ☐ Client Reg ☒ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Reasons Not Present

Find: %

| Not Pr | Description |
|--------|--|
| A | SERIOUS ILLNESS |
| B | MEDICAL CONDITION REQUIRES CONFINEMENT TO BED REST |
| C | HOSPITALIZED |
| D | MEDICAL EQUIPMENT NOT EASILY TRANSPORTABLE |
| F | NOT REQUIRED FOR OUT OF STATE TRANSFER |
| G | NOT REQUIRED FOR MANUAL CATEGORY CHANGE |

Find OK Cancel

Choices in list: 6

Record: 1/1 <OSC> <DBG>

WIC University Training Manual

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

6.0.07/Uat30/3020

Client

Client ID: 20300013293 Last Name: ENINFANT First Name: TRKR2963 MI1: MI2: Birth Date: 05/31/2006

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination Date |
|----------------------------------|-----------------------|----------|-----------------------------------|-----------------|---------------|----------|-----------------------|----------------------------------|--------------|------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | IEN | INFANT, BREASTFEEDING, NO FORMULA | 09/01/2006 | 05/30/2007 | 38 | <input type="radio"/> | <input checked="" type="radio"/> | WICDIR30 | |

Actual Delivery Date: Expected Delivery Date: 05/31/2006 Last Menstrual Period:

Proof Preg. ☐

Category Change

From: Category: IEN Description: INFANT, BREASTFEEDING, NO FORMULA

To: Category: Description:

Category Change

Find: I%

Category Description

IFF INFANT, ALL FORMULA

IPN INFANT, BREASTFEEDING, PARTIAL FORMULA

Find OK Cancel

Choices in list: 2

Record: 1/1

<OSC> <DBG>

Category Change Pop-up

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

6.0.07/Uat30/3020

Client

Client ID: 20300013293 Last Name: ENINFANT First Name: TRKR2963 MI1: MI2: Birth Date: 05/31/2006

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination Date |
|----------------------------------|-----------------------|----------|-----------------------------------|-----------------|---------------|----------|-----------------------|----------------------------------|--------------|------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | IEN | INFANT, BREASTFEEDING, NO FORMULA | 09/01/2006 | 05/30/2007 | 38 | <input type="radio"/> | <input checked="" type="radio"/> | WICDIR30 | |

Actual Delivery Date: Expected Delivery Date: 05/31/2006 Last Menstrual Period:

Proof Preg. ☐

Category Change

Are You Sure?

Permanently Change This Client's Category From IEN To IPN?

OK Cancel

Comment

Extend Cert Period

Family Client Reg Cert Action Medical Health Diet Assess Care Plan Food Pkg

Record: 1/1

<OSC> <DBG>

Are You Sure? Pop-up

WIC University Training Manual

Review Food Package Pop-up after a category change is completed.

Category Change pop-up fields

| | |
|-------------------------------|---|
| Category Change button | This button brings up the Category Change pop-up and allows the client's category to be changed within a certification period and recalculates a new certification period based on the new category. Only use the category change button when a mom and/or infant change their breastfeeding status.** |
| "From" Category | This field displays the client's current category. |
| "To" Category | This field identifies the client's new category. |

****When a woman who is more than six (6) months postpartum quits breastfeeding completely, she is to be removed from the WIC Program. She must be given fifteen (15) days notice of being removed from the WIC Program.**

Follow these steps:

1. Change her infant's category to IFF and click 'No' to pop-up 'This 6-Month-Old IFF Infant's Mom Should Be Terminated. Terminate Now?' Select a new food package for the infant.
2. Select a Half Postpartum food package for the woman (15 days notice of being removed from the WIC Program)
3. Print both food packages.
4. Change mom's category to P, which will terminate her from the program.

| | |
|------------------------------|---|
| CSF Distribution Site | This field is mandatory. Select the appropriate distribution site from the LOV. |
| CSF pushbutton | This button allows you to select the nutrition education provided and at what site the food box was picked up, using the appropriate list of values. The Pickup Date must then be entered. |

These fields are for CSFP participants only

TERMINATION of a CERT

To terminate a certification, you must go to the **Certification** module from the **Welcome** screen, select **Cert Action** from the menu and **Termination**.

Arizona WIC Program - [Termination (Cert Action)]

File Edit Item Record Query Window Help

4.2.07|Uat30|3001

Client

Client ID [] Last Name [] First Name [] M1 [] M2 []

Certification

| Category | Description | Cert Start Date | Cert End Date | Duration | Wait Termination List | Term. Reasons |
|----------|-------------|-----------------|---------------|----------|-----------------------|---------------|
| [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] |

Actual Delivery Date [] Expected Delivery Date [] Comment []

☐ Family
 ☐ Client Reg
 ☒ Cert Action
 ☐ Medical
 ☐ Health
 ☐ Diet Assess
 ☐ Care Plan
 ☐ Food Pkg

Enter a query: press F8 to execute, Ctrl+q to cancel.
Record: 1/1 Enter-Query List of Values <OSC> <DBG>

Query the client's ID number and the certification information will auto-fill into the fields. Enter today as the termination date for the certification you wish to terminate. Click on the **Term Reasons** button and select the appropriate termination reason. Save and exit the screen.

Reversing the Termination of a Client Record

Arizona WIC Program - [Termination (Cert Action)]

File Edit Item Record Query Window Help

6.0.09|Uat30|3032

Client

Client ID: 32300013307 Last Name: PRETERM First Name: ENINFANT MI1: MI2:

Certification

| Category | Description | Cert Start Date | Cert End Date | Duration | List | Wait Termination Date |
|----------|---------------------------|-----------------|---------------|----------|------|-----------------------|
| EN | INFANT, BREASTFEEDING, NO | 07/10/2006 | 07/03/2007 | 51 | | 11/30/2006 |

Term. Reasons

| Code | Description |
|------|-----------------|
| 9 | CATEGORY CHANGE |

Actual Delivery Date:

Family Client Assess Care Plan Food Pkg

Select the termination code from the list of values.
Record: 1/1 List of Values: <OSC> <DBG>

If a client in a current certification has been inappropriately terminated, the termination can be reversed. From the **Enrollment and Certification** module, select **Cert Action** and **Termination**. Enter the client ID number and query. Click on the **Term Reasons** button.

When the pop-up opens, click in the Code field and then click on the red X. Once the Term Reason has been deleted, click OK to close the pop-up.

Arizona WIC Program - [Termination (Cert Action)]

File Edit Item Record Query Window Help

6.0.09|Uat30|3032

Client

Client ID: 32300013307 Last Name: PRETERM First Name: ENINFANT MI1: MI2:

Certification

| Category | Description | Cert Start Date | Cert End Date | Duration | List | Wait Termination Date |
|----------|---------------------------|-----------------|---------------|----------|------|-----------------------|
| EN | INFANT, BREASTFEEDING, NO | 07/10/2006 | 07/03/2007 | 51 | | |

Actual Delivery Date: Expected Delivery Date: 07/31/2006 Comment:

Family Client Reg Cert Action Medical Health Diet Assess Care Plan Food Pkg

Press this button to display the Term. Reasons window.
Record: 1/1 List of Values: <OSC> <DBG>

Once the Termination Reason has been deleted and the pop-up closed, save the screen and return to the client Cert Action screen.

Dual Participation

When a new participant is certified, the AIM system will search the database for any existing participant information that matches the new participant's information. The criteria used to determine the match are the first four letters of the last name, the first six letters of the first name, the birth month and year, and gender. If the system finds any potential duplicate information (or dual enrollment) from the **Client Registration** information, a message will appear once you move to the **Cert Action** screen. This section will review how to resolve the dual enrollment before completing the **Cert Action** window. Participating in more than one WIC Program, or participating in both WIC and the Commodity Supplemental Food Program (CSFP or Food Plus) is considered fraud.

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

6.0.07/Uat30/3020

Client

Client ID: 20300013330 Last Name: PICKUPDAY First Name: C2CHILD MI1: MI2: Birth Date: 05/16/2002

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination |
|----------------------------------|-----------------------|----------|-------------|-----------------|---------------|----------|-----------------------|-----------------------|--------------|-------------|
| | | | | | | | No | Yes | List By | Date |
| <input checked="" type="radio"/> | <input type="radio"/> | C4 | | 10/13/2006 | | | <input type="radio"/> | <input type="radio"/> | | WICDIR30 |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | |

Actual Delivery Date: Expected Delivery Date: Last Menstrual Period:

Proof Preg. ☐

Comment

Category Change Extend Cert Period

☐ Family ☐ Client Reg ☒ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

The client ID. Double click or press F2 to go to client / family lookup for an existing client.
Record: 1/1 <OSC> <DBG>

A message appears stating the number of possible dual enrollments. Click **OK**.

- This opens the **Client Matches** pop-up.

WIC University Training Manual

Client

Client ID: 20300013330
 Last Name: PICKUPDAY
 First Name: C2CHILD
 MI1:
 MI2:
 Birth Date: 05/16/2002

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination |
|-----|-----|----------|-------------|-----------------|---------------|----------|-----------------|------|--------------|-------------|
| | | | | | | | No | Yes | List By | Date |
| | | C4 | | 10/13/2006 | | | | | WICDIR30 | |

Client Matches

Does the information shown below match the client you are currently enrolling?

| Client ID | Last Name | First Name | MI1 | MI2 | Date of Birth | Gender | Category |
|-------------|-----------|------------|-----|-----|---------------|--------|----------|
| 20300011544 | PICKUPDAY | C2CHILD | | | 05/16/2002 | F | C2 |

Mailing Address: 888 ASH
 City: RIO RICO, State: AZ, Zip: 85648
 Cert Start Date: 09/03/2004, Cert End Date: 03/03/2005
 Last Cashed: , Last Issued:
 Organizational Unit: 30/20 RIO RICO

Yes Unsure

The Client ID of a potential dual enrollee. Double click or press F2 to return this client's information to the Certification screen.
 Record: 1/1 <DSC> <DBG>

Client Matches Pop-up

- The pop-up displays all matching participants and their pertinent information.
- Use the scroll bar to view all potential matches.

Note: The Client ID is displayed in red for CSFP participants.

Compare your client's information to each matching participant's information. If the information is the same but the address is different, ask the client if they have ever lived at that particular address.

- **If your client is the same as one of the matching (existing) clients and the matching (existing) client participates in your clinic, do the following:**
 - Click **Yes**.
 - Your new client's information (that was just entered) will be deleted and the matching client's information will be displayed in the **Cert Action** window.

- **IMPORTANT:** You must now return to the **Client Registration** and / or **Family Information** windows to verify / update both income and client / family information in order to continue with the certification process.
- **If the client participates in another clinic in your agency or in another local agency in Arizona**, a message will appear referring to the matching client. It states, "This client is registered in another clinic." Click **OK** to close the pop-up message. Write down the Family and Client IDs. You will perform an **In-State Transfer** on this client.
- Exit the **Cert Action** window.
- Transfer the matching participant to your local agency (refer to the section on In-State Transfers).
- **IMPORTANT:** You must now return to the **Client Registration** and / or **Family Information** windows to verify/update both income and client / family information in order to continue with the certification process.
- **If your new client is NOT one of the matching (existing) clients, it is not a dual enrollment.**
 - Click the "**Unsure**" pushbutton.
 - The **Client Matches** pop-up will close and you can proceed to complete the **Cert Action** window for your client.
- **If you are unsure if your client is the same as the matching clients listed:**

For example: You may need to look closer at each record to compare and evaluate more information, such as birth weight or pre-pregnancy weight.

- Click **the Unsure** pushbutton.
- The **Client Matches** pop-up will close and you may proceed to complete the **Cert Action** window for your client.

Section 5: Medical Screen

The **Medical** window allows you to record anthropometric and bloodwork data. The system will automatically plot this information on a graph for you to review and share with the participant. The medical information needed will vary slightly, depending on the client category (woman, infant, and child).

Click on the **Medical** radio button.

The client's category determines the information that needs to be collected.

Arizona WIC Program - [Women Medical]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Client

Client ID Last Name First Name MI1 MI2 Category

Medical Data

| Anthro. | Blood | Weight | Prepreg Wt | Height | Wks | Weight G/L | Wt at Delivery |
|-----------|----------|----------|------------|------------|-------|------------|-----------------|
| Data Date | Pressure | lbs. oz. | lbs. oz. | in. 1/8ths | Gest. | Gain | Weight lbs. oz. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Bloodwork

| Data Date | HCT | HGB | Wks Gest. |
|-----------|-----|-----|-----------|
| | | | |
| | | | |
| | | | |

Graph Notes

☐ Family ☐ Client Reg ☐ Cert Action ☒ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Medical

Enter a query: press F8 to execute, Ctrl+q to cancel.
Record: 1/1 Enter-Query List of Values <OSC> <DBG>

Women's Medical window

- The AIM system uses information recorded in this window to assign certain risks to the participant.

WIC University Training Manual

Arizona WIC Program - [Women Medical]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Client

Client ID: [] Last Name: [] First Name: [] MI1: [] MI2: [] Category: []

Medical Data

| Anthro. Data Date | Blood Pressure | Weight lbs. oz. | Prepreg Wt lbs. oz. | Height in. 1/8ths | Wks Gest. | Weight G/L | Wt at Delivery lbs. oz. |
|-------------------|----------------|-----------------|---------------------|-------------------|-----------|------------|-------------------------|
| [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] |

Bloodwork

| Data Date | HCT | HGB | Wks Gest. |
|-----------|-----|-----|-----------|
| [] | [] | [] | [] |
| [] | [] | [] | [] |
| [] | [] | [] | [] |

Graph Notes

☐ Family ☐ Client Reg ☐ Cert Action ☒ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Enter a query: press F8 to execute, Ctrl+q to cancel.
Record: 1/1 Enter-Query List of Values: <OSC> <DBG>

Medical Fields

| | |
|------------------------|--|
| Blood Pressure | We do not collect this information nor perform blood pressure checks. |
| Weight | You will specify E for English to leave the weight in pounds / ounces, or M for metric to convert to kilograms. Either format is acceptable. NOTE: Weight must be <60 days old. This information can be brought in from an outside source on official paperwork. * |
| Prepregnancy Wt | Taken verbally from expecting mother. Use English or metric format. This needs to be entered for each pregnancy. |
| Height | Enter height in inches to the nearest 1/8 th inch. NOTE: Weight must be <60 days old. This information can be brought in from an outside source on official paperwork. * |
| Wks. Gest | AIM calculates and displays the number of week's gestation at the time the medical information is collected. |

| | |
|-----------------------------|--|
| Weight Gain | The system calculates how much weight has been gained (current weight - pre-pregnancy weight). |
| G/L Weight | The system calculates how much weight has been gained or lost since the last visit (current weight – weight at last visit). |
| Wt at Delivery | This is how much she weighed when she delivered. This field is only completed for breastfeeding and postpartum women. |
| Avg. Wt G/L/Wk | The system calculates and displays the average weight gain or loss per week. |
| BMI Value | Body Mass Index (BMI) is a ratio of weight to height. BMI is widely used to define overweight and obesity, because it correlates well with more accurate measures of body fatness and is derived from commonly available data – weight and height. The system calculates and displays BMI. |
| Blood work Data Date | It is mandatory that the date the data was collected be entered. It will auto-fill with today's date but can be changed if information has been brought in from an outside source. |
| HCT (hematocrit) | You will not perform this test, so you will not likely get many of these blood values. Input the hematocrit value here, if applicable. ** |
| HGB (hemoglobin) | You will perform this test. Input the hemoglobin value here. This must be reflective of the category (ie: a pregnant woman's value must have been obtained during her pregnancy). This value must be <90 days old. This information can be brought in from an outside source on official paperwork. The participant will receive up to three (3) monthly FI issuances until the data is brought in. ** |
| Wks Gest | AIM calculates and displays the number of week's gestation at the time the medical information is collected. |

***NOTE: If Ht, Wt, or Hgb values are brought in from an outside source, they are to be written on official letterhead or prescription pad and must include the date the measurements were taken; when entering this into AIM, this date, not the date on which they are being certified, should be used as the Anthropometric Data Date. Acceptable reasons for not performing height and / or weight at the WIC clinic include situations where the applicant cannot be adequately measured on the clinic equipment (ie: wheelchair, contractures). Values must be provided from the Healthcare Provider.**

Birth weight and height may be used for infant certifications. If an infant is not present at their Mid-Cert Health Check appointment, they should be given one month of FIs and brought in next month when they can be measured. Values may be provided from the Healthcare Provider if a serious or contagious illness that would be worsened by coming to the WIC clinic is present.

****If blood work is not or cannot be taken, use these codes to proceed with certification:**

| | | | |
|--|---|---|--|
| 99.5 Use if the bloodwork is pending. This will allow you to only issue one month of FIs | 99.6 Hemophilia or religious reason that prevents blood draws (i.e., Christian Scientist) | 99.7 Use if the bloodwork is not required at this certification | 99.8 Use for situations where drawing blood will create a safety hazard to the client or you (HIV/AIDS is not acceptable). |
|--|---|---|--|

Acceptable reasons for not performing a hemoglobin test are: religious beliefs that do not allow blood to be drawn OR medical condition (ie: hemophilia or serious skin disease) that could cause harm to the applicant if blood were to be collected. A note from a Healthcare Provider is required. HIV/AIDS is not a suitable reason for waiving the test. These situations are to be documented in the Notes section of the Medical screen in AIM. If the reason is due to a medical condition that will resolve in the future, a note is required at each certification.

The 99.X codes are not to be used in place of Ht or Wt measurements. If a client is not present and a height or weight need to be taken, use the code 999 in the height and / or weight fields (AIM will auto-fill a 5 for ounces and 1/8th inch as you tab through the screen) and issue one (1) month of Food Instruments. AIM will not plot these measurements on the graph.

If they are not brought to next month's appointment, they are to be rescheduled for a time when they can be present.

Notes pushbutton

Arizona WIC Program - [Women Medical]

File Edit Item Record Query Window Help

Client ID: 10450001025 Last Name: ALEXANDER First Name: BRANDI MI1: MI2: Category: P

Notes

| Date | Note | Nutritionist |
|------------|------|--------------|
| 08/26/2003 | | |
| | | |
| | | |

OK

Bloodwork Data Date HCT HGB Wks Gest.

| | | | |
|------------|--|-----|---|
| 06/18/2003 | | 6.0 | |
| 01/27/2003 | | 7.0 | 7 |

Graph Notes

☐ Family ☐ Client Reg ☐ Cert Action ☒ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Enter the Date the note was created.

Record: 1/1

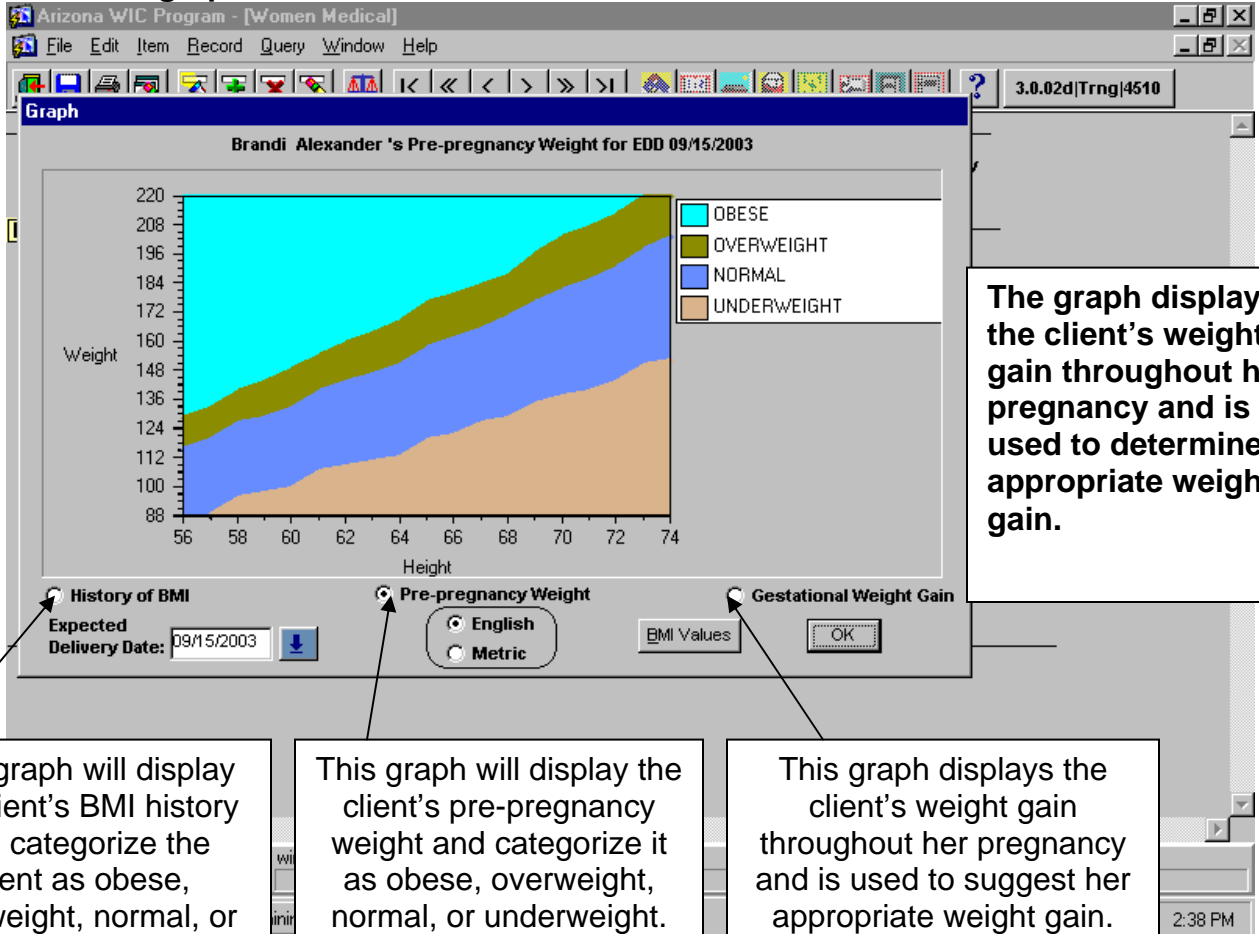
Notes Pop-Up window

| | |
|---------------------|---|
| Date | Auto-fills to display today's date |
| Note | Available for inserting informative notes on the client |
| Nutritionist | Auto-fills to display the user ID of the person currently logged in |

Graph pushbutton

- Use the graphs to review the height / length and weight results with the participant.

Women's graph window



Graph Fields

| | |
|--------------------------------------|--|
| Expected Delivery Date | The field displays her current pregnancy's delivery date. To view graphs from a previous pregnancy, use the LOV to select the expected delivery date of a prior WIC pregnancy. |
| English / Metric radio button | Used to format the data, as needed. |

Infant / Child Medical window

Client

Client ID: 1300012391 | Last Name: INFANT | First Name: JANE | MI1: | MI2: | Growth Grid: STANDARD

Medical Data

| Anthropometric Data | | | | Weight | | | | Height | | | | Ht/Age | | | | Bloodwork Data | | | |
|---------------------|------|------|-----|--------|--------|-----|-----|--------|----|-----|---|------------|-----|-----|--|----------------|--|--|--|
| Date | lbs. | ozs. | E/M | ins. | 1/8ths | R/S | E/M | % | % | BMI | % | Date | HCT | HGB | | | | | |
| 05/09/2005 | 12 | 0 | E | 24 | 0 | R | E | 27 | 17 | | | 05/09/2005 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Change from Last Wt/Ht: .00 % | Change from Last Ht/Age: .00 % | Graph | Notes

ASIS ID:

☐ Family ☐ Client Reg ☐ Cert Action ☒ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

The Client ID. Double click or press F2 to go to the Client/Family Lookup for an existing client.
Record: 1/1 | <OSC> <DBG>

Height

Enter height or length in inches to the nearest 1/8-inch. Specify R or S, depending on how the height / length was measured. Height would be S (standing) and length would be R (recumbent or lying down). Standing height should be obtained starting at 24 months of age if the child is able to stand unassisted. If the child is 24-36 months and is <30 inches while lying down, they must be measured lying down (recumbent). Be sure to change the R/S flag to match how the measurement was obtained.

NOTE: Weight must be <60 days old. This information can be brought in from an outside source on official paperwork.

Weight

You will specify E for English to leave the weight in pounds/ounces, or M for metric to convert to kilograms. Either format is acceptable.

| | |
|----------------------------------|--|
| Change from last Wt / Ht | Displays system-calculated change in percentile, compared to the last medical information collected. |
| Change from last Ht / Age | Displays system-calculated change in percentile, compared to the last medical information collected. |
| BMI and BMI% | The system calculates and displays BMI and BMI%, comparing this child's BMI to BMIs for other children of the same age. BMI is calculated for children two years of age and older. |
| Ht / Age % | Displays the system-calculated height-for-age percentile. |
| Wt / Ht % | Displays the system-calculated weight-for-height percentile. |

NOTE: The graphs will not plot for an infant that was born prematurely (3 or more weeks / 21 or more days early) until they have reached the gestational age of 40 weeks. If they come into WIC before their Expected Delivery Date has passed, their graphs will not be plotted until the EDD has passed.

Red Scale on the toolbar

1. The “needs weight measured” scale should (and does) turn red at times when the child is 6 months old, as well as other times.
2. The scale also turns red when participants have one of the following anthropometrics risks:
 - short stature (risk 121)
 - overweight (risk 113)
 - underweight or at risk of becoming underweight (risk 103)

AND

are between 12 – 23 weeks from certification and have not had a height/weight done since certification.

3. The scale also turns red if infants over 6 months of age are between 20 – 32 weeks from certification and have not had a height/weight done since certification.

The measurements that you provide are valuable to WIC moms so they know if their babies/children are growing properly. The service that you provide to WIC clients is very valuable in improving the health of the people of Arizona.

If you are in the **On Demand** food package screen or the **Family** screen and see that the scale is red, scroll through each family member in **Client Reg** screen to check if anyone needs a height/ weight or hemoglobin done.

Note: Remind mothers to bring infants / children who have underweight, overweight or short stature risks with them to their appointments so that they may be weighed and measured.

Section 6: Risks, Health Screen & Nutrition Questionnaire

To be eligible for the WIC Program, a person must have a nutrition or medical risk. Nutrition risks can be divided into categories: Anthropometric, Biochemical, Dietary, Medical, Preventing Regression. The USDA updates all risk factors periodically.

Anthropometric Risk

Measurements

In the WIC program, anthropometric measurement consists of measuring height / length and weight. How a child grows is an important indicator of health. You can monitor the growth of infants and children by taking a series of measurements over time. You can also evaluate the weight of pregnant and postpartum women.

When performing a measurement, it is critical that each one is precise because:

- We use the measurements to establish eligibility in the WIC program.
- Errors can lead to the wrong risk determination and inappropriate counseling at follow-up visits.
- The Centers for Disease Control and Prevention (CDC) relies on WIC for information about the nation's health.

Checklist for Weighing Using the Mechanical Infant Scale- for children up to age 24-36 months

1. Balance the scale by moving upper and lower weights to zero. Scale is balanced if marker is centered. Make sure scale is away from wall.
2. Remove all clothing from infant or child, down to a dry diaper or underwear.
3. Place clean scale paper or paper towel on scale. Discard after use.
4. Position individual in the center of scale with arms at sides.
5. Read weight to the nearest ounce.
6. Record measurements in AIM.
7. Return upper and lower weights to zero.

Checklist for Weighing Using the Infant Digital Scale- for children up to age 24-36 months

1. Turn the scale on at the off/on switch. The display will show "SECA" and then "0:00." Make sure the scale is in the "pounds" mode rather than the "kilogram" mode.
2. Remove all clothing from infant/child down to a dry diaper or underwear.
3. Place a clean scale paper or paper towel on scale. Discard after use.
4. Position infant/child in center of scale with arms at sides.
5. Record measurements in AIM.

Checklist for Weighing Using the Floor Model Digital Scale- for children 36 months of age and older

1. Turn scale on at the off / on switch. The display will show “SECA” and then “0.0.” Make sure scale is in the “pounds” mode rather than the “kilogram” mode.
2. Have individual remove shoes, jackets, purses, or any other heavy items of clothing
3. Place clean scale paper or paper towel on scale. Discard after use.
4. Have individual stand in center of the scale.
5. Record weight in AIM.

Checklist for Weighing Women and Children with a Balance Scale- for children 36 months of age and older

1. Remove the child’s outer clothing and shoes.
2. Place the scale in the “zero” position before the child steps on the scale.
3. Have the child stand still with both feet in the center of the platform.
4. Read the weight to the nearest ounce.
5. Record measurements in AIM.
6. Return weights to the zero position.

Checklist for Measuring Using the Infant Measuring Board-up to 24 months of age or 24-36 months and cannot stand unassisted

1. Slide adjustable guide or triangle-shaped wood heel-board wide enough to lay infant / child between head and footboards.
2. Remove booties or shoes and hair barrettes from infant or child before doing measurement.
3. Place clean scale paper or paper towel on measuring board. Discard after use.
4. Lay infant / child face up on the measuring board with eyes facing the ceiling.
5. Infant / child must be straight and lined up with the board.
6. The caregiver should help to keep the child still with eyes facing upward. Use one of your hands to hold the knees and/or legs. Completely straighten the infant / child hips and knees. Use your other hand to slide wood triangle or plastic movable board firmly against both heels with the toes pointing straight up.
7. Read length to the nearest 1/8th of an inch at the “Read Here” red arrow.
8. Record length in AIM.

Checklist for Measuring Using the Wall-Mounted Measuring Unit- over 24 months of age

1. Have individual remove shoes, coats, and jackets before measuring.
2. Loosen the adjustable screw on the side of measuring board. Hold plastic headpiece by the handle and pull upward so individual can fit underneath.
3. Have individual stand as straight as possible, with back and heels touching the wall, heels slightly apart.
4. Lower headboard until it touches the crown of the head firmly. Make sure the board is not just resting on the hair but actually touching the top of the head.
5. Tighten the adjustable screw on the side of the board until it stops. Have individual walk away from under the board.
6. Read the height to the nearest 1/8th of an inch at the "Read Here" red arrow.
7. Record height in AIM.

Anthropometric Risks

| PREGNANT WOMAN'S ANTHROPOMETRIC RISK TABLE | | | |
|--|---------------------------|--|----------|
| Risk Code | Risk Name | Description | Priority |
| 101 | Underweight | Prepregnancy BMI < 19.8 | 1 |
| 111 | Overweight | Prepregnancy BMI \geq 26.1 | 1 |
| 131 | Low Maternal Weight Gain | 2 nd and 3 rd trimesters (<4 lbs/mo. for underweight, <2lbs/mo. for normal/overweight, <1lb/mo. for obese) or low wt gain outside of shaded area on grid at any point in pregnancy | 1 |
| 132 | Maternal Weight Loss | Any weight loss below pre-pregnancy wt during 1 st trimester or wt loss of \geq 2 lbs in the 2 nd or 3 rd trimesters | 1 |
| 133 | High Maternal Weight Gain | All trimesters (\geq 7 lbs/mo. for all weight groups) | 1 |

| BREASTFEEDING & POSTPARTUM WOMAN'S ANTHROPOMETRIC RISK TABLE | | | | |
|--|---------------------------|--|-------------|------------|
| Risk Code | Risk Name | Description | Priority BF | Priority P |
| 101 | Underweight | BFing women who are <6 months postpartum: prepregnant or current BMI <18.5 BFing women who are >6 months postpartum: Current BMI <18.5 Postpartum women: prepregnant or current BMI <18.5 | 1 | 3 |
| 111 | Overweight | BFing women who are <6 months postpartum: prepregnancy BMI ≥ 25 BFing women who are >6 months postpartum: current BMI ≥ 25 Postpartum women: prepregnant BMI ≥ 25 | 1 | 6 |
| 133 | High Maternal Weight Gain | PP and BF women pre-PG underwt. >40 lbs gained, normal wt. >35 lbs gained, overwt. >25 lbs gained, obese >15 lbs gained. | 1 | 6 |

| INFANT'S ANTHROPOMETRIC RISK TABLE | | | |
|------------------------------------|--|--|----------|
| Risk Code | Risk Name | Description | Priority |
| 103 | Underweight or at Risk of Becoming Underweight | $\leq 10^{\text{th}}$ percentile Wt/Length Measurements need to be taken every 3-4 months. | 1 |
| 121 | Short Stature | $\leq 10^{\text{th}}$ percentile length/age (Use alone for a maximum of 2 certification periods unless progress is shown. Measurements need to be taken every 3-4 months.) | 1 |
| 134 | Failure to Thrive | Presence of Failure to Thrive | 1 |
| 141 | Low Birth Weight | Birth weight $\leq 5\text{lbs } 8\text{oz.}$ | 1 |
| 142 | Premature Infant | 37 weeks or less gestation | 1 |
| 151 | Small for Gestational Age | $< 10^{\text{th}}$ percentile weight for gestational age at birth or small for gestational age diagnosed by physician | 1 |
| 153 | Large for Gestational Age | ≥ 9 pounds at birth or $\geq 90^{\text{th}}$ percentile weight/gestational age at birth | 1 |

| CHILD'S ANTHROPOMETRIC RISK TABLE | | | |
|-----------------------------------|--|--|----------|
| Risk Code | Risk Name | Description | Priority |
| 103 | Underweight or at Risk of Becoming Underweight | $\leq 10^{\text{th}}$ percentile BMI Measurements need to be taken every 3-4 months. | 3 |
| 113 | Overweight | $\geq 95^{\text{th}}$ percentile BMI or $\geq 95^{\text{th}}$ percentile weight/stature (Use alone for a maximum of two certification periods unless progress is shown, for \geq two-year-old children. Measurements need to be taken every 3-4 months.) | 3 |
| 121 | Short Stature | $\leq 10^{\text{th}}$ percentile length/height for age | 3 |
| 134 | Failure to Thrive | Presence of Failure to Thrive | 3 |
| 141 | Low Birth Weight (C1s only) | Birth weight $\leq 5\text{lbs } 8\text{oz.}$ | 3 |
| 142 | Premature (C1s only) | Birth at less than or equal to 37 weeks gestation (C1s only) | 3 |
| 151 | Small for Gestational Age (C1s only) | $< 10^{\text{th}}$ percentile weight/gestational at birth or small for gestational age diagnosed by physician (C1s only) | 3 |

Biochemical Risk

The WIC Program uses the hematocrit and / or hemoglobin blood tests to determine a person's level of iron. A low level of iron can cause iron-deficiency anemia that can lead to a person being tired, having poor growth, or even more serious health problems.

| |
|---|
| <p>Iron-Deficiency Anemia in the WIC Program</p> |
|---|

Iron-deficiency anemia is most likely to occur in these situations:

- Pregnant women because they need extra blood for their developing baby.
- Infants and children due to their rapid growth.
- Persons who have lost a large amount of blood.
- Persons who do not eat enough iron-rich foods.
- Persons whose bodies are not able to absorb the iron from the foods they eat.

Signs of anemia

- Weakness
- Tiredness and sleepiness
- Loss of appetite
- Pale skin color in fair-skinned people
- Lack of resistance to colds and other infections
- Trouble concentrating (school-age children)

Iron-deficiency anemia can be prevented with these iron rich foods:

- Beef, pork, lamb, chicken
- Liver, kidney
- Iron-fortified cereal
- Dried beans
- Dark leafy greens
- Eggs

Hemoglobin Test for Iron-Deficiency Anemia

The hemoglobin test directly measures the concentration of hemoglobin in the blood. The Arizona WIC Program uses the HemoCue® Hemoglobin Photometer to perform its hemoglobin tests. A drop of blood is drawn into a microcuvette which has a reagent that mixes with the blood and causes the hemoglobin to be released from the red blood cell. The microcuvette is placed in the HemoCue machine to measure the color intensity of the hemoglobin that has been released. This produces a value that is to be entered into AIM.

Anemia Standards

When you know the person's hemoglobin value, you can compare it to cutoff values for anemia established by the Centers for Disease Control and Prevention. This comparison is done by AIM once you input the hemoglobin value. AIM will indicate if this value is low and will then assign a risk.

There may be changes in hemoglobin values that are considered normal. Some reasons for these changes are:

- Levels tend to rise as a young child ages.
- Levels tend to drop and rise again as a woman progresses in her pregnancy.
- Levels tend to rise in people living in higher altitudes because there is less oxygen in the air they breathe. The body tries to make up for less oxygen by producing more hemoglobin.

Timeframes for collecting bloodwork data

See next page for guidelines.

Lead Screening in the WIC Program

Lead Screening: Low income infants/children are at higher risk for lead poisoning; therefore, all Authorized Representatives of all infant/child participants will be asked if the child has received a lead screening from a healthcare provider. Infants/children should receive lead screening at 9 to 12 months of age and again at approximately 24 months of age. All children 36-72 months of age who have not been previously screened should receive a lead screening using a blood lead test. For instructions on how to document lead screening status, see Section 7 on the Care Plan screen.

WIC University Training Manual

| Category | Age Blood Work Required | Certification Blood Work Required | Exceptions to Certification Blood Work Required |
|---------------------------|---|---|---|
| Pregnant women | None | 1 blood test taken during pregnancy | Prenatal women can be certified without blood work if: <ul style="list-style-type: none"> • at least one qualifying nutritional risk is present at certification and • blood test is obtained within 90 days of certification |
| Postpartum women | None | 1 blood test taken 4-6 weeks after end of pregnancy | None |
| Breastfeeding women | None | 1 blood test taken 4-6 weeks after end of pregnancy | None |
| Infants <9 months | None | None | None |
| Infants 9 months or older | Blood work required once between 9-12 months | Blood work required for infants certifying between 9-12 months | Blood work taken between 12-13 months can be used when no other blood work is available for infant category |
| Children 12-24 months | Blood work required once between 12-24 months (6 months after infant test)* | Blood work required at initial certification | |
| Children 24-60 months | None | All children are required to have blood work on an annual basis unless previous blood work result demonstrated nutritional risk eligibility for low Hgb. In this case, blood work is needed every 6 months. | |

*Blood work taken at or before the first birthday does not satisfy the requirement for both the infant blood work and the children's 12-24 month blood work. Separate blood work is required for each age range.

Steps to obtaining a blood sample

Assemble supplies – You will need the following items:

1. Gloves, alcohol prep pads, sterile lancets, Kim Wipes®, cuvettes in closed vial, bandages (not for children under age two), sharps container, biohazard bag, HemoCue® machine, 10% bleach solution or disinfectant spray, antimicrobial soap (or alcohol-based cleanser in situations where sink and soap are not available).

Cleanse and glove hands

1. Wash hands with antimicrobial soap and water (or cleanse with anti-microbial hand cleaner or hand wipes where sink and soap are not available), and put on gloves.
2. CHANGE GLOVES BETWEEN EVERY BLOOD TEST!

Position Client

1. **For infants up to 18 months of age**, a seated adult holds the infant over adult's shoulder or baby lies face-down across lap for heel stick.
2. For everyone else, seat client and extend arm with palm up.
3. BE SURE THAT PUNCTURE SITE IS LOWER THAN THE HEART.

Choose site

1. For infants, use either side of the bottom of the heel when the baby is held over caregiver's shoulder. Never puncture the back curvature of the heel. NOTE: a special lancet (shorter than that used on adults' fingers) should be used for heelsticks.
2. For everyone else, seat the participant or ask someone to help with a child. For instance, the caregiver may hold the child in his / her lap using both arms to keep the child still while you perform the procedure.
3. Have the client extend her / his arm with the hand lower than the heart and palm up. Use the middle or ring finger (these fingers have the best blood circulation), but choose a finger that doesn't have a ring on it.
4. If all fingers have rings on them, have them remove rings from one finger (middle or ring finger) and begin rubbing and massaging hands to improve / restore circulation.

Warm the site

1. The site should not be cold, blue, swollen or calloused.
2. If cold, warm the site by holding it in your hands, rubbing it for a minute, or by having the participant wash their hands vigorously with warm running water and soap or they can gently sit on their hands.

Cleanse the site

1. Cleanse the site thoroughly with an alcohol wipe. If they have just washed their hands with soap and warm water, do not use an alcohol wipe since this will cool their skin down again and their hands are clean.
2. Wipe site with tissue or lint-free wipe. Be sure skin is dry.
3. Note: Pooled alcohol at the puncture site will dilute and hemolyze the blood, giving a lower reading, if skin surface is not dried completely.

Hold the site

1. For infants, position the foot below the infant's heart. Encircle the heel by wrapping the index finger around the arch and the thumb around the bottom of the heel. Grasp the heel or finger firmly between your thumb and index finger, using your thumb in a gentle rocking movement.
2. For everyone else, lightly press the finger from the closest knuckle to the tip in a rolling motion to stimulate the flow of blood to the sampling point. This is called "rock and roll" and is not considered "milking."

WHAT NOT TO DO: Do not touch the prepared site after cleaning. Do not "milk" the finger to speed the process. Squeezing or milking dilutes the blood and gives a false low reading.

Puncture the site

1. For infants, when using the heel, puncture only on the medial or lateral side of the bottom surface (the fleshy part that is to either side of their bony heel). Do not puncture the foot if there are bruises, abrasions or sloughing skin.
2. For everyone else, puncture the side of the finger pad nearest the thumb in one continuous motion using a retractable lancet. The side of the finger pad is recommend and will hurt less than on top of the finger pad since there are less nerve endings.

Fill the cuvette

1. Wipe away the first two-three drops of blood to stimulate spontaneous blood flow. If necessary, press gently again with thumb and forefinger until another drop of blood appears. Avoid "milking."
2. Ensure that the drop of blood is big enough to fill the entire cuvette, including the tip. Touch the tip of cuvette, **pointing downward**, into the middle of the blood drop so the cuvette touches the skin.
3. The cuvette will fill itself automatically. Never "top off" the cuvette. This will disrupt the chemical reaction that is already occurring in the cuvette.
4. Wipe excess blood off the flat outside surfaces of the cuvette, being careful not to touch the open-ended tip. Ensure that no blood is pulled back out of the cuvette.

Example "Swipe" the cuvette like a knife across a gauze pad or lint-free wipe to remove any excess blood from the outside surfaces. Do not wipe the open "slit" of the cuvette.

5. If the cuvette does not fill completely on the first try, or if air bubbles are visible, discard the cuvette, wipe the puncture site and allow a new, larger bead of blood to form before collecting into the cuvette again.

Measuring Hemoglobin value

1. Within 10 minutes of filling the cuvette, place it in its holder and gently push the holder into the machine. The results will be displayed within 60 seconds.

Seal and bandage site

1. Place dry gauze or lint-free tissue over a puncture site and apply gentle pressure until wound is clotted. Elevating the hand or foot above the level of the heart will help to stop the blood flow.
2. Apply the bandage.
3. Do not use bandages on a child's finger less than two years of age to prevent potential choking or ingestion.

Cleanse surface

1. If any blood spills on the HemoCue® machine, work surfaces, or skin, cleanse with a 10% bleach solution or disinfectant spray immediately.

Disposal of supplies

1. Throw away any paper wrappers, alcohol prep pads, gauze, lint-free tissues, gloves and any other supplies which are not saturated and dripping with blood in a wastebasket.
2. Throw away any supplies that are saturated and dripping with blood in the red biohazard bag. If your gloves are contaminated with blood, turn the gloves inside out while taking them off and place in red bag with other supplies.
3. Throw away all lancets and used cuvettes in the sharps container.

Remove gloves

1. Remove and discard gloves after each client and after handling contaminated waste.
2. Clean hands with antimicrobial soap and water, alcohol-based cleanser or hand wipes if water is not available.

Biochemical Risks

| BREASTFEEDING & POSTPARTUM WOMAN'S BIOCHEMICAL RISK TABLE | | | | |
|--|------------------|---|--------------------|-------------------|
| Risk Code | Risk Name | Description | Priority BF | Priority P |
| 201 | Anemia | Low hemoglobin or hematocrit (see table) | 1 | 3 |
| 211 | Lead Poisoning | Blood lead levels of ≥ 10 micrograms per deciliter within the past 12 months | 1 | 3 |

| PREGNANT WOMAN'S BIOCHEMICAL RISK TABLE | | | |
|--|------------------|---|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 201 | Anemia | Low hemoglobin or hematocrit (see table) | 1 |
| 211 | Lead Poisoning | Blood lead levels of ≥ 10 micrograms per deciliter within the past 12 months | 1 |

| CHILD'S BIOCHEMICAL RISK TABLE | | | |
|---------------------------------------|------------------|---|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 201 | Anemia | Low hemoglobin or hematocrit (see table) | 3 |
| 211 | Lead Poisoning | Blood lead levels of ≥ 10 micrograms per deciliter within the past 12 months | 3 |

| INFANT'S BIOCHEMICAL RISK TABLE | | | |
|--|------------------|---|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 201 | Anemia | Low hemoglobin or hematocrit (see table) | 1 |
| 211 | Lead Poisoning | Blood lead levels of ≥ 10 micrograms per deciliter within the past 12 months | 1 |

Dietary Risk

The diets of low-income populations have been shown to be low in 5 major nutrients:

- Protein
- Calcium
- Iron
- Vitamin A
- Vitamin C

The diets of most Americans tend to be high in 3 things:

- Fat
- Sugar
- Salt

People often find it hard to improve their diets, even when health professionals explain the benefits. They are faced with many decisions that need to be made each day. The major role of WIC is to ensure that clients are provided with the means to select and obtain healthy foods.

By improving the diets of its participants, the WIC Program can:

- Reduce infant mortality and morbidity
- Improve intellectual performance
- Reduce mental retardation and handicapping conditions
- Reduce utilization of perinatal intensive care centers
- Reduce overall cost of medical care

A complete dietary assessment is required at each client's certification. A complete dietary assessment means assessing the WIC client by asking every existing question in the AIM Health screen and asking every question from the category-specific questionnaire that are found in AIM. These questionnaires are used to assess a person's eating / feeding habits, food preparation, food likes / dislikes, meal times, weight gain / loss and developmental readiness of infants and children.

The nutrition questionnaires are required at each certification and at an infant's 6-month health check. The questionnaire is not required for second nutrition education contacts or follow-ups or for children who are transferred into the Arizona WIC Program during a certification period. Past questionnaires can be viewed at nutrition education follow-ups if you want to follow-up on goals and review nutrition practices that were previously discussed. New questionnaires can be completed at any time by clicking in the date field and clicking the green +.

The questionnaires are used to identify risks for WIC eligibility. The questionnaires must be completed even if a dietary risk is identified from the Medical or Health screens. If a risk is identified after the completion of the dietary questionnaire, the risk will need to be manually assigned (added) in the Health screen in AIM.

Two of the WIC Program's nutritional risks are 1.) Failure to Meet Dietary Guidelines and 2.) Dietary Risk Associated with Complementary Feeding Practices. You may assign either of these risks even when no other nutritional risk is obvious. A person may appear fine, but in reality, they may have, for example, inappropriate feeding / eating practices, ingestion of toxic / harmful substances or a diet with inadequate calories / nutrients. This is why it is important to serve them through WIC, even though they may not show outward signs of a nutritional risk. Any assignment of risk 401 or 428 or the assignment of risk 411, 425, or 427 (broad nutrition risks) will require more documentation in the Notes section of the Care Plan screen in AIM.

A complete dietary assessment and risk assignment will include the following:

1. Complete the AIM Health History questions.
2. Complete the category-specific nutrition questionnaire in the AIM Nutrition Questionnaire screen. Even though some questions may not seem appropriate for to ask the caregiver of a newborn infant, it is important to ask all of the questions to be sure that the caregiver is not using inappropriate feeding practices.
3. Manually assign (add) any dietary risks, up to 3, that are identified through the questionnaires in the AIM Health screen. Not all dietary risks that are identified need to be assigned; choose the most important ones.
4. If no dietary risks are identified through the questionnaire, assign either risk 401 (Failure to Meet *Dietary Guidelines for Americans* for C2, C3, C4, PG1, PG2, EN, PN, P) or 428 (Dietary Risk Associated with Complementary Feeding Practices for IEN, IPN, IFF, C1). Do not recalculate risks.
5. Document the reason for the assignment of broad risks 411, 425, 427, 401, or 428 in Notes section of the AIM Care Plan screen.

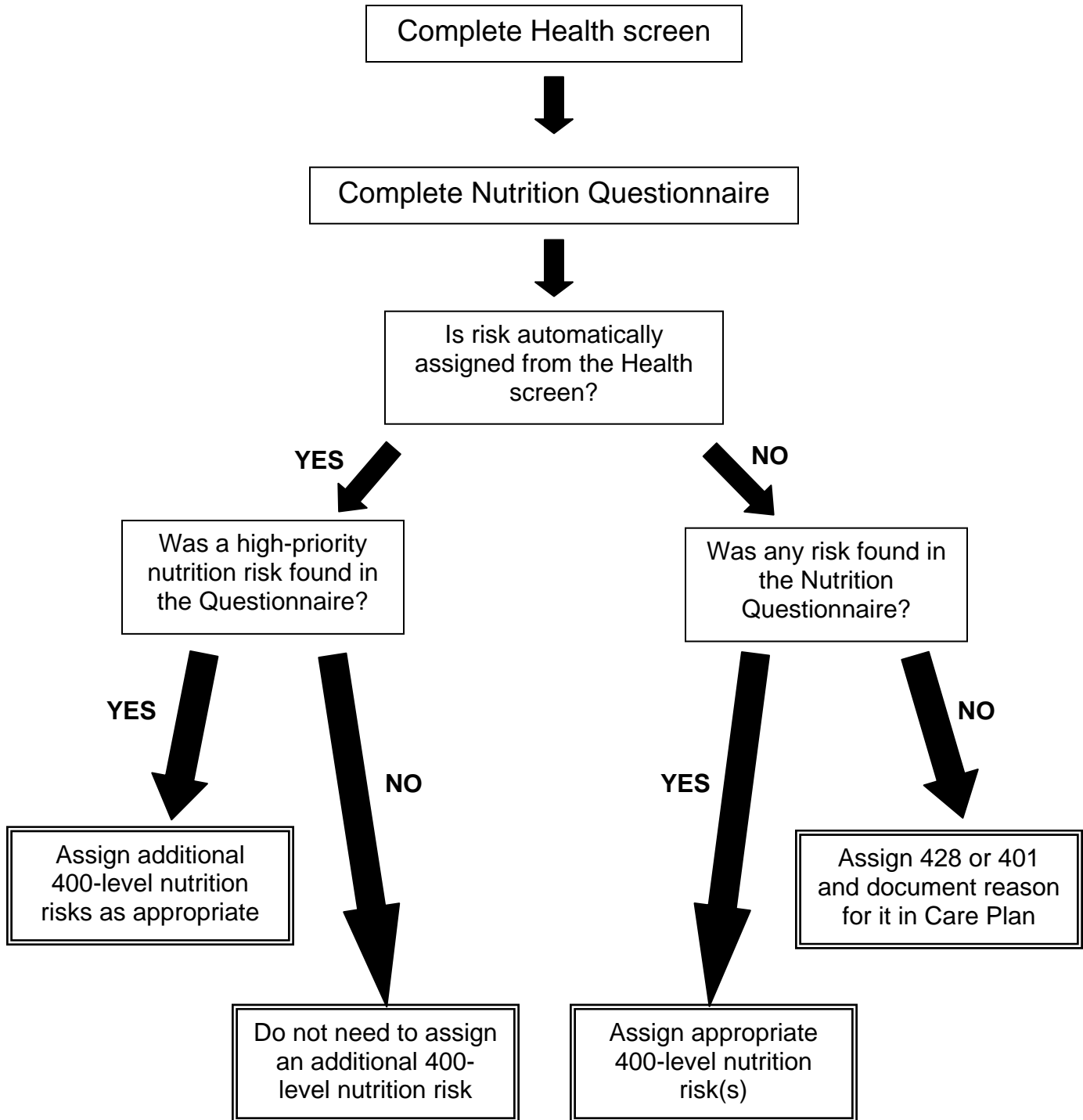
The Definitions of Dietary Risks document will help you recognize which risks should be assigned, based on their answers. When it comes to providing nutrition education on a dietary risk that has been identified, the Nutrition Questionnaire Counseling Tool provides other probing questions that you might ask and will help you to better understand the topic(s) that you will discuss.

Below are some additional instructions for manually assigning nutritional risk in AIM:

- If at least one risk has been automatically assigned from the Health screen:
 - You **do not** have to assign a 400-level (nutrition-related) risk unless it is of high priority and/or it is a topic upon which you will educate.
 - Choking hazards, unsafe/unsanitary food practices, cereal/juice in the bottle, bottle at night time, and high caffeine intake among infants/children are **some** examples of habits that would be especially important to document by assigning risk.
- If **no** risk is automatically assigned from the Health screen but risk **is** found in the Nutrition Questionnaire:
 - Assign at least 1-3 nutritional risks (from categorical codes 411, 425, 427).
 - If you use broad codes 411, 425, or 427 (without decimal places), document the reason for using them in the Notes section of the Care Plan.
- If **no** risk is automatically assigned from the Health screen and **no** risk is found in the Nutrition Questionnaire:
 - Assign risk code 428 (infants and C1s) or 411 (C2, C3, C4, women).
 - Document the reason for assigning these codes in the Notes section of the Care Plan.
 - Example: "No other risk found."

Please see the flow chart, below

Nutrition Risk Assignment Process



Additional instructions for completing the food checkbox portion of the Health screen:

- The foods listed are either developmentally inappropriate (choking hazards, coffee, tea) or low in nutrients (soda, candy).
- If some of these food items are checked, AIM will automatically assign a 400-level risk. **If this is the case, you do not have to assign an additional nutrition risk after going through the questionnaire, unless you believe the participant is doing something that may be of a higher priority.**
 - For example: the Authorized Rep. may state that the child is eating candy a few times a week. When you get to the Nutrition Questionnaire, you may find that he does not drink any milk or eat any dairy products and does not have any source of calcium in his diet.
 - You would probably assign risk 425.6 (routinely feeding a diet very low in calories and/or essential nutrients).
 - **Remember:** the purpose of doing this assessment is to know the “big picture” and to tailor education messages to the client’s needs. If you identify something on which you want to educate, it is important to assign a risk to it.
- When asking the client or Authorized Representative if the foods listed in the Health screen are eaten, it is important to **check the checkbox** if the client says, “sometimes” or “every once in a while.”
 - Choking hazards: offering a young child a choking hazard food that has not been modified to be age-appropriate (i.e. cutting grapes) can be “risky,” even if it is offered only once. It is important to make note of this in AIM by checking it in the Health screen. Depending on the client, it may be a key topic of nutrition education.
 - “Unhealthy” foods: while less healthy foods may have a place in a client’s diet if eaten “occasionally,” it still is worth checking them on the Health screen. You do not need to educate on every risk identified through the assessment process, but if for some reason you do not identify any additional risk in the Nutrition Questionnaire, you can go back to these automatically-generated risks from the Health screen.

The questionnaires are used to evaluate a client’s feeding / eating habits, food preparation, food likes / dislikes, meal times, weight gain / loss, and developmental readiness of infants and children. They allow us to do a more individualized assessment of the client / Authorized Representative. The questions should be asked in a way that allows the client / Authorized Representative to answer with

more than just a 'yes' or 'no' answer; this is called an open-ended question. Their answers to the questions help us to see the 'bigger picture.'

The Nutrition Questionnaire

1. Select the Nutr Quest radio button in AIM. The appropriate questionnaire will appear, based on the client's category. Notice the red box below, indicating that it is a woman's questionnaire.
- If no risks were identified for the client in the Medical or Health screens, the Nutrition Questionnaire may identify another dietary risk. Even if a risk was identified, you still must complete the Questionnaires for every client being certified.

Arizona WIC Program - [Nutrition Questionnaire - Women]

File Edit Item Record Query Window Help

8.0.00|Uattuc|0501

Client ID: 15100017521 Last Name: ABARCA First Name: MELINDA MI1: MI2: Birth Date: 02/21/1973

Energy and Nutrients

1. If you are pregnant, how much weight do you think you should gain during this pregnancy? If you are postpartum, how much weight do you think you need to lose if any? lbs. oz.

2. How do you feel about your weight change?

3. How is your appetite?

4. How many meals and snacks do you eat each day?

5. Are there any foods or food groups that you do not think you eat enough of, if yes, what foods?

6. How often do you eat fast food or at a restaurant?

Food Groups

1. Do you drink milk, if yes, what kind?

2. Do you drink water, if yes, how much? oz.

3. What other beverages do you drink each day?

4. Do you eat breads, pasta and grains, if yes, what kind?

5. When selecting and preparing meat, what do you prefer?

6. What types of fruit and vegetables do you like to eat?

7. What sweets do you eat and how often?

8. What vitamins, minerals, or supplements are you taking? ☐ None ☐ MultiVitamins ☐ Iron ☐ Minerals ☐ Herbs ☐ Folic Acid ☐ Other

☐ Family ☐ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☒ Nutr Quest ☐ Care Plan ☐ Food Pkg

The client ID. Double click or press F2 to go to client / family lookup for an existing client

Record: 1/1 <OSC> <DBG>

Nutr Quest

Arizona WIC Program - [Nutrition Questionnaire - Women]

Client ID: 15100017521 | Last Name: ABARCA | First Name: MELINDA | MI1: | MI2: | Birth Date: 02/21/1973

Energy and Nutrients

- If you are pregnant, how much weight do you think you should gain during this pregnancy? lbs. oz.
If you are postpartum, how much weight do you think you need to lose if any? lbs. oz.
- How do you feel about your weight change?
- How is your appetite?
- How many meals and snacks do you eat each day?
- Are there any foods or food groups that you do not think you eat enough of, if yes, what foods?
- How often do you eat fast food or at a restaurant?

Food Groups

- Do you drink milk, if yes, what kind?
- Do you drink water, if yes, how much? oz.
- What other beverages do you drink each day?
- Do you eat breads, pasta and grains, if yes, what kind?
- When selecting and preparing meat, what do you prefer?
- What types of fruit and vegetables do you like to eat?
- What sweets do you eat and how often?
- What vitamins, minerals, or supplements are you taking? ☐ None ☐ MultiVitamins ☐ Iron ☐ Minerals ☐ Herbs ☐ Folic Acid ☐ Other

☐ Family ☐ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☒ Nutr Quest ☐ Care Plan ☐ Food Pkg

The client ID. Double click or press F2 to go
Record: 1/1

Answers are either drop-down menus, radio buttons, or fill-in-the-blank (you must type the answer).

Answers that are checkboxes don't require that any boxes be checked; only check boxes if / when appropriate.

- Ask each question of the client or client's caregiver. Even if a question doesn't seem appropriate (ie: a newborn shouldn't be getting anything but infant formula or breast milk), you still must ask the questions to make sure the caregiver is not using any inappropriate feeding practices. You may identify risks as the client / caregiver answers the questions. Wait until the end of the assessment to counsel on any risks that you may have identified.

NOTE: When assessing an infant's diet, follow these guidelines regarding foods consumed:

- In question 4 of the first section, if the Authorized Representative **states** that the infant is not consuming any of the foods listed (baby cereal, vegetables, fruits, meats, desserts, other) and is only receiving breast milk and/or formula, leave this question blank.
 - Note: If the Authorized Representative says that the infant receives water, in addition to breast milk and/or prepared formula, **do not** check the box "other." Other beverages will be addressed in question 9.
 - Question 9 refers to beverages offered besides breast milk or formula, so "water" and other beverages offered can be recorded there instead.

- If the infant is only receiving breast milk, formula, and possibly water, as ascertained by questions 4 in the “Primary Feeding” section and 9 in the “Complementary Feeding” section, questions **1, 2, 3, 5, and 6** of the “Complementary Feeding” section do not need to be asked. CNWs can type “N/A” in the free text space for these questions. (Note: question 4 of the “Complementary Feeding” section will still be asked.)

It is important to ask the Authorized Representative if anything types of foods are given, even if the infant is only a few months old. We cannot assume that newborns are receiving only breast milk and/or formula.

3. Once all questions have been answered, you must go back to the Health screen and manually assign (add with the green + up to 3 risks) any risks that were identified through the questionnaire. The risks will not be automatically assigned by AIM.
4. Past questionnaires can be viewed at nutrition education follow-ups if you want to follow-up on goals and review nutrition practices that were previously discussed. This can be done by clicking in one of the answer fields and clicking the < arrow on the top menu bar. At the client’s next certification, the screen will appear blank and a new questionnaire can be completed for that date.

WIC University Training Manual

Arizona WIC Program - [Nutrition Questionnaire - Child]

File Edit Item Record Query Window Help

8.0.00|Uattuc|0501

Client ID: 1050108105 Last Name: TRACKER3115 First Name: CHILD3YEARS MI1: MI2: Birth Date: 10/10/2004

Energy and Nutrients

1. What do you think about your child's size?

2. How would you describe your child's eating habits?

3. If you could change anything about the way your child eats, what would it be?

4. What are your child's favorite foods that he/she eats regularly?

5. What foods does your child dislike?

6. How often do you eat family meals with your child?

7. How often does your child eat fast food or at a restaurant?

Food Groups

1. Does your child drink milk, if yes, what kind?

2. Does your child drink water, if yes, how much? oz.

3. What other types of beverages does your child drink?

4. Does your child eat breads, pasta, grains and cereals, if yes, what kind?

5. What kind of meat, poultry, ☐ Beef-Regular/Ground ☐ Beef-Lean/Ground ☐ Chicken ☐ Pork ☐ Fish ☐ Luncheon Meats or fish does your child eat? ☐ None ☐ Other

6. What are your child's favorite sweetened foods and how often does he/she eat them?

7. What types of fruit and vegetables does your child like to eat?

8. What vitamins, minerals, or supplements does your child take? ☐ None ☐ MultiVitamins ☐ Iron ☐ Minerals ☐ Herbs ☐ Folic Acid ☐ Other

☐ Family ☐ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☒ Nutr Quest ☐ Care Plan ☐ Food Pkg

The client ID. Double click or press F2 to go to client / family lookup for an existing client.

Record: 1/1 <DSC> <DBG>

Children's Questionnaire

WIC University Training Manual

Arizona WIC Program - [Nutrition Questionnaire - Infant/Toddler]

File Edit Item Record Query Window Help

8.0.00/Uattuc/0501

Client ID: 1050108106 Last Name: TRACKER3115 First Name: CHILD1YEAR MI1: MI2: Birth Date: 11/22/2006

Primary Feeding

1. How would you describe feeding time with your Infant/Toddler?

2. How do you know when your Infant/Toddler is hungry?

3. How do you know when your Infant/Toddler is full?

4. What types of food does your Infant/Toddler eat? ☐ Baby cereal ☐ Vegetables ☐ Fruits ☐ Meats ☐ Desserts ☐ Other

Complimentary Feeding

1. How did you know when your Infant/Toddler was ready to eat solid food?

2. Do you make your own Infant/Toddler food, if yes, what foods do you prepare? ☐ Yes ☐ No

3. How do you prepare your own Infant/Toddler food?

4. Does your Infant/Toddler follow a feeding schedule, if yes, please explain. ☐ Yes ☐ No

5. Is your Infant/Toddler picky with textures, if yes, please explain. ☐ Yes ☐ No

6. Does your Infant/Toddler feed himself/herself? ☐ Yes ☐ No

7. Has your Infant/Toddler started finger foods, if yes, what types of food? ☐ Yes ☐ No

8. If your Infant/Toddler has not started finger foods, when do you plan on introducing them?

9. What else does your Infant/Toddler drink other than breastmilk or formula?

10. What vitamins, minerals, or supplements does your infant/toddler take? ☐ None ☐ MultiVitamins ☐ Iron ☐ Minerals ☐ Herbs ☐ Folic Acid ☐ Other

☐ Family ☐ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☒ Nutr Quest ☐ Care Plan ☐ Food Pkg

The client ID. Double click or press F2 to go to client / family lookup for an existing client.

Record: 1/1 <DSC> <DBG>

Infant's Questionnaire

The Arizona WIC Program Nutrition Questionnaire Paper Screening Tool

Arizona WIC and the AIM system are paperless; the paper form of the Nutrition Questionnaire is simply to help you identify what risks, if any, are appropriate and should be assigned to the client. You are not required to use the paper tools because they are already found in AIM. They are available in both English and Spanish languages.

The following pages are examples of the Paper Tools.



Nutrition Questionnaire

Name: _____

Date of Birth: _____

| PRIMARY FEEDING (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS) | | POSSIBLE RISK ASSIGNMENT | |
|---|--|--------------------------------|-----------------------|
| | | INFANT | C1 |
| 1. How would you describe feeding time with your infant/toddler? | <input type="checkbox"/> Always pleasant <input type="checkbox"/> Usually pleasant <input type="checkbox"/> Sometimes pleasant <input type="checkbox"/> Never pleasant | 411 | 425 |
| 2. How do you know when your infant/toddler is hungry? | | 411 411.4 411.7 411.8 | 425 425.4 |
| 3. How do you know when your infant/toddler is full? | | 411 411.4 411.7 411.8 | 425 425.4 |
| 4. What types of food does your infant/toddler eat? | <input type="checkbox"/> Baby cereal <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/> Meats <input type="checkbox"/> Desserts <input type="checkbox"/> Other | 411 | 425 |
| COMPLIMENTARY FEEDING (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS) | | | |
| 1. How did you know when your infant/toddler was ready to eat solid food? | | 411.3 411.4 | 425.1 |
| 2. Do you make your own infant/toddler food, if yes, what foods do you prepare? | | 411.3 411.5 | 425.4 425.5 |
| 3. How do you prepare your own infant/toddler food? | | 411 411.5 | 425 425.5 |
| 4. Does your infant/toddler follow a feeding schedule, if yes, please explain. | | 411.7 411.8 | 425.6 |
| 5. Is your infant/toddler picky with textures, if yes, please explain. | | 411 | 425 425.4 |
| 6. Does your infant/toddler feed himself/herself? | | 411.3 411.4 | 425.4 |
| 7. Has your infant/toddler started finger foods, if yes, what types of food? | | 411.3 411.4 411.5 | 425.4 |
| 8. If your infant/toddler has not started finger foods, when do you plan on introducing them? | | 411.3 411.4 | 425.4 |
| 9. What else does your infant/toddler drink other than breastmilk or formula? | | 411 411.5 411.10 | 425 425.1 425.2 |
| 10. What vitamins, minerals or supplements does your infant/toddler take? | <input type="checkbox"/> None <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Other _____ | 411.10 | 425.7 |

Client ID: _____

Nutrition Questionnaire

| | | |
|--|--|-----------------------------|
| Name: _____ | | |
| Date of Birth: _____ | | |
| ENERGY AND NUTRIENTS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS) | | POSSIBLE RISK ASSIGNMENT |
| 1. What do you think about your child's size? | <input type="checkbox"/> Too little <input type="checkbox"/> Okay <input type="checkbox"/> Too big | 425 |
| 2. How would you describe your child's eating habits? | <input type="checkbox"/> Okay <input type="checkbox"/> Picky <input type="checkbox"/> Too much <input type="checkbox"/> Not enough | 425 / 425.6 / 425.4 |
| 3. What are your child's favorite foods that he/she eats regularly? | | 425 |
| 4. What foods does your child dislike? | | 425 |
| 5. How often do you eat family meals with your child? | | 425 |
| 6. How often does your child eat fast food or at a restaurant? | | 425 |
| FOOD GROUPS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS) | | |
| 1. Does your child drink milk, if yes, what kind? | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole <input type="checkbox"/> Lactaid <input type="checkbox"/> Soy Milk <input type="checkbox"/> Rice Milk <input type="checkbox"/> Flavored Milk <input type="checkbox"/> Other _____ | 425 / 425.1 / 425.2 / 425.5 |
| 2. Does your child drink water, if yes, how much? | | 425 |
| 3. What other types of beverages does your child drink? | | 425.1 / 425.2 / 425.5 |
| 4. Does your child eat breads, pasta, grains, and cereals, if yes, what kind? | <input type="checkbox"/> White <input type="checkbox"/> 100% Whole Wheat <input type="checkbox"/> Bran <input type="checkbox"/> Other | 425 |
| 5. What kind of meat, poultry, or fish does your child eat? | <input type="checkbox"/> Beef- Regular/Ground <input type="checkbox"/> Beef-Lean/Ground <input type="checkbox"/> Luncheon Meats <input type="checkbox"/> Chicken <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> None <input type="checkbox"/> Other _____ | 425 / 425.5 |
| 6. What are your child's favorite sweetened foods and how often does he/ she eat them? | | 425 |
| 7. What types of fruit and vegetables does your child like to eat? | | 425 / 425.5 |
| 8. What vitamins, minerals or supplements does your child take? | <input type="checkbox"/> None <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Other _____ | 425.7 |
| Client ID: _____ | | |

Women's

Nutrition Questionnaire

Name: _____

Date of Birth: _____

| ENERGY AND NUTRIENTS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS) | | POSSIBLE RISK ASSIGNMENT |
|--|--|--------------------------|
| 1. If you are pregnant, how much weight do you think you should gain during this pregnancy? If you are postpartum, how much weight do you think you need to lose if any? | | 427 |
| 2. How do you feel about your weight change? | <input type="checkbox"/> Too little <input type="checkbox"/> Okay <input type="checkbox"/> Too much | 427 |
| 3. How is your appetite? | <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent | 427.2 |
| 4. How many meals and snacks do you eat each day? | | 427.2 |
| 5. Are there any foods or food groups that you do not think you eat enough of, if yes, what foods? | | 427 |
| 6. How often do you eat fast food or at a restaurant? | | 427 |
| FOOD GROUPS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS) | | |
| 1. Do you drink milk, if yes, what kind? | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole <input type="checkbox"/> Lactaid <input type="checkbox"/> Soy Milk <input type="checkbox"/> Rice Milk <input type="checkbox"/> Other _____ | 427 427.5 |
| 2. Do you drink water, if yes, how much? | | 427 |
| 3. What other beverages do you drink each day? | | 427 427.5 |
| 4. Do you eat breads, pasta, and grains, if yes, what kind? | <input type="checkbox"/> White <input type="checkbox"/> 100% Whole Wheat <input type="checkbox"/> Bran <input type="checkbox"/> Other _____ | 427 |
| 5. When selecting and preparing meat, what do you prefer? | <input type="checkbox"/> Regular <input type="checkbox"/> Lean <input type="checkbox"/> Extra Lean <input type="checkbox"/> Other _____ <input type="checkbox"/> I don't eat meat | 427 427.5 |
| 6. What types of fruit and vegetables do you like to eat? | | 427 427.5 |
| 7. What sweets do you eat and how often? | | 427 |
| 8. What vitamins, minerals or supplements are you taking? | <input type="checkbox"/> None <input type="checkbox"/> Prenatal Vitamin (Amount _____ Frequency _____) <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Folic Acid (Amount _____ Frequency _____) <input type="checkbox"/> Other _____ | 427.1 427.4 |

Client ID: _____

How to use the Paper Tool

1. You can have the client / caregiver fill out the paper tool earlier in the appointment while you are collecting other information; you must still, however, talk with them about their answers. You should talk about the answers in an open-ended way so that they don't simply give a 'yes' or 'no' as an answer. This is to give you a better idea of what their answers really mean.
2. The risks listed in the right-hand column are only suggestions for what risks may be assigned based on their answers. Those aren't the only risks available; a risk doesn't have to be assigned for each question. You don't have to assign all risks that are identified through the questionnaire; you may only assign those that are most important at the time (ie: choking foods, weight gain, etc.)
3. If no risks were identified in the Medical or Health screens and no risks were identified with the questionnaire, you may either assign
 - **Risk 428** – Dietary Risk Associated with Complementary Feeding Practices (categories **IEN, IPN, IFF, C1 only**) **OR**
 - **Risk 401**- Failure to Meet Dietary Guidelines for Americans (categories **C2, C3, C4, PG1, PG2, EN, PN, P**)

since we can assume that anyone who meets WIC's eligibility requirements of income, category, and residency can be presumed to be at risk for an inadequate diet.

Dietary Risks

| BREASTFEEDING & POSTPARTUM WOMAN'S DIETARY RISK TABLE | | | | |
|--|---|---|--------------------|-------------------|
| Risk Code | Risk Name | Description | Priority BF | Priority P |
| 401 | Failure to Meet USDA / DHHS Dietary Guidelines for Americans | Poor diet; this risk is used when no other dietary or nutrition risk is found. Can be used for two consecutive certifications only. | 4 | 6 |
| 427 | Inappropriate Nutrition Practices for Women | Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. Can be used if none of the more specific 427.X risks are appropriate. | 4 | 6 |
| 427.1 | Consuming dietary supplements with potentially harmful consequences | Supplements that may be toxic or harmful to the mother or infant include single or multivitamins/prenatal vitamins, mineral supplements, and herbal or botanical supplements/remedies/teas. | 4 | 6 |
| 427.2 | Consuming a diet very low in calories and/or essential nutrients | Meal pattern, caloric intake or absorption of essential nutrients may be altered. Vegan, low carbohydrate/high protein, macrobiotic or any other diet restricting calories and/or essential nutrients are included. | 4 | 6 |

| BREASTFEEDING & POSTPARTUM WOMAN'S DIETARY RISK TABLE, Cont. | | | | |
|---|---|---|---|---|
| 427.3 | Compulsively ingesting non-food items (Pica) | Craving for or eating nonfood substances such as: burnt matches, clay, starch (laundry/cornstarch), soil, cigarettes or cigarettes butts, chalk, ashes, carpet fibers, dust, paint chips, large quantities of ice or freezer frost, or baking soda. | 4 | 6 |
| 427.4 | Inadequate vitamin-mineral supplementation recognized as essential by national public health policy | Iron and folic acid intake may not be taken or in adequate amounts. | 4 | 6 |

| PREGNANT WOMAN'S DIETARY RISK TABLE | | | |
|--|---|---|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 401 | Failure to Meet USDA / DHHS Dietary Guidelines for Americans | Poor diet; this risk is used when no other dietary or nutrition risk is found. Can be used for two consecutive certifications only. | 4 |
| 427 | Inappropriate Nutrition Practices for Women | Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. Can be used if none of the more specific 427.X risks are appropriate. | 4 |
| 427.1 | Consuming dietary supplements with potentially harmful consequences | Supplements that may be toxic or harmful to the mother or infant include single or multivitamins/prenatal vitamins, mineral supplements, and herbal or botanical supplements/remedies/teas. | 4 |

| PREGNANT WOMAN'S DIETARY RISK TABLE, Cont. | | | |
|---|---|---|---|
| 427.2 | Consuming a diet very low in calories and/or essential nutrients | Meal pattern, caloric intake or absorption of essential nutrients may be altered. Vegan, low carbohydrate/high protein, macrobiotic or any other diet restricting calories and/or essential nutrients are included. | 4 |
| 427.3 | Compulsively ingesting non-food items (Pica) | Craving for or eating nonfood substances such as: burnt matches, clay, starch (laundry/cornstarch), soil, cigarettes or cigarettes butts, chalk, ashes, carpet fibers, dust, paint chips, large quantities of ice or freezer frost, or baking soda. | 4 |
| 427.4 | Inadequate vitamin-mineral supplementation recognized as essential by national public health policy | Iron and folic acid intake may not be taken or in adequate amounts. | 4 |
| 427.5 | Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms | Food may be toxic or harmful to mother or fetus, food handling practices may be unsafe and/or water and refrigeration may be unsafe. | 4 |

| CHILD'S (over age two) DIETARY RISK TABLE | | | |
|--|--|--|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 401 | Failure to Meet USDA / DHHS Dietary Guidelines for Americans | Poor diet; this risk is used when no other dietary or nutrition risk is found. Can be used for two consecutive certifications only. | 5 |
| 425 | Inappropriate Nutrition Practices for Children | Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. Can be used if none of the more specific 425.X risks are appropriate. | 5 |
| 425.1 | Routinely feeding inappropriate beverages as the primary milk source | Examples include imitation or substitute milks (inadequately or unfortified beverages or non- dairy creamer) or other ho me concoctions. | 5 |
| 425.2 | Routinely feeding a child any sugar-containing fluids | Examples include soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. | 5 |
| 425.3 | Routinely using nursing bottles, cups, or pacifiers improperly. | Use of nursing bottles, cups, and pacifiers is inappropriate; developmental stages may be ignored. | 5 |
| 425.4 | Routinely using feeding practices that disregard the developmental needs or stage of the child | Response to hunger and fullness cues, use of choking foods, self-feeding skills, and food textures are inappropriate; developmental stages may be ignored. | 5 |
| 425.5 | Feeding foods to a child that could be contaminated with harmful microorganisms | Food may be toxic or harmful, food handling practices may be unsafe and/or water and refrigeration may be unsafe. | 5 |

| CHILD'S (over age two) DIETARY RISK TABLE, Cont. | | | |
|---|---|--|---|
| 425.6 | Routinely feeding a diet very low in calories and/or essential nutrients | Meal pattern, caloric intake or absorption of essential nutrients may be altered. Vegan, macrobiotic or any other diet restricting calories and/or essential nutrients are included. | 5 |
| 425.7 | Feeding dietary supplements with potentially harmful consequences | Supplements given in excess of recommended dosages; include single or multivitamins, mineral supplements, and herbal or botanical supplements/ remedies/teas. | 5 |
| 425.8 | Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements. | Fluoride in drinking water is inadequate for the child's age. Not taking a multivitamin would not be considered a risk. | 5 |
| 425.9 | Routine ingestion of non-food items (Pica) | Craving for or eating nonfood substances such as: clay, starch (laundry/cornstarch), soil, cigarettes or cigarettes butts, ashes, carpet fibers, dust, foam rubber, paint chips. | 5 |

| ADDITIONAL DIETARY RISK FOR C1s | | | |
|--|--|---|---|
| 428 | Dietary Risk Associated with Complementary Feeding Practices | Risk associated with complementary foods (any foods or beverages other than breast milk or infant formula); this risk is used when no other dietary or nutrition risk is found. | 5 |

| INFANT'S DIETARY RISK TABLE | | | |
|-----------------------------|--|---|----------|
| Risk Code | Risk Name | Description | Priority |
| 411 | Inappropriate Nutrition Practices for Infants | Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. | 4 |
| 411.1 | Routinely using a substitute for breast milk or for FDA-approved iron-fortified formula as the primary nutrient source during the first year of life | Examples include low iron formula without iron supplementation, cow's milk, goat's milk, or sheep's milk, canned evaporated or sweetened condensed milk, imitation or substitution milk (rice or soy-based, non-dairy creamer), or other homemade concoctions. | 4 |
| 411.2 | Routinely using nursing bottles or cups improperly | Examples include juice in a bottle, sugar-containing fluids, allowing bottle at sleep/nap times, using bottle without restriction or as a pacifier, propping the bottle when feeding, allowing drink to be carried/drunk throughout day, adding any food to bottle. | 4 |
| 411.3 | Routinely offering complementary foods or other substances that are inappropriate in type or timing | Examples include <ul style="list-style-type: none"> • Adding sweeteners such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier • Any food other than breast milk or iron-fortified infant formula before 4 months of age | 4 |

| INFANT'S DIETARY RISK TABLE, Cont. | | | |
|---|--|---|---|
| 411.4 | Routinely using feeding practices that disregard the developmental needs or stage of the infant | Response to hunger and fullness cues, use of choking foods, need to develop self-feeding skills, and food textures are inappropriate; developmental stages may be ignored. | 4 |
| 411.5 | Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins | Examples include unpasteurized juices and dairy products, honey, raw or undercooked foods (meat, eggs, sprouts, tofu) and deli meats/hot dogs/processed meats unless served steaming hot. | 4 |
| 411.6 | Routinely feeding inappropriately diluted formula | Failure to follow dilution or prescription instructions. | 4 |
| 411.7 | Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients | Inappropriate nursing frequency in a 24-hour period. | 4 |
| 411.8 | Routinely feeding a diet very low in calories and/or essential nutrients | Meal pattern, caloric intake or absorption of essential nutrients may be altered. Vegan, macrobiotic or any other diet restricting calories and/or essential nutrients are included. | 4 |
| 411.9 | Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula | Inappropriate sanitation, limited or no access to safe water, heat source for sterilization and/or refrigeration or freezer for storage. | 4 |

| INFANT'S DIETARY RISK TABLE, Cont. | | | |
|------------------------------------|--|---|---|
| 411.10 | Feeding dietary supplements with potentially harmful consequences | Supplements given in excess of recommended dosages; include single or multivitamins, mineral supplements, and herbal or botanical supplements/remedies/teas. | 4 |
| 411.11 | Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements | Fluoride in drinking water is inadequate, infants ingesting inadequate vitamin D-fortified formula and not taking a supplement. Not taking a multivitamin would not be considered a risk. | 4 |
| 428 | Dietary Risk Associated with Complementary Feeding Practices (Infants and C1s only) | Risk associated with complementary foods (any foods or beverages other than breast milk or infant formula); this risk is used when no other dietary or nutrition risk is found. (Infants and C1s only) | 4 |

| ADDITIONAL DIETARY RISK FOR C1s | | | |
|---------------------------------|---|---|---|
| 428 | Dietary Risk Associated with Complementary Feeding Practices (Infants and C1s only) | Risk associated with complementary foods (any foods or beverages other than breast milk or infant formula); this risk is used when no other dietary or nutrition risk is found. (Infants and C1s only) | 5 |

Medical Risk

The WIC Program uses information from doctors, nurses, dentists, nutritionists, etc. to determine health risks. We may also use information directly from the participant or the participant's parent or guardian about her/his medical history.

| BREASTFEEDING & POSTPARTUM WOMAN'S MEDICAL RISK TABLE | | | | |
|--|---------------------------------------|---|--------------------|--------------------|
| Risk Code | Risk Name | Description | Priority BF | Priority PP |
| 303 | History of Gestational Diabetes | Most recent pregnancy (EN/PN) | 1 | 6 |
| 311 | History of Premature Delivery | ≤37 weeks gestation (most recent pregnancy) | 1 | 6 |
| 312 | History of Low Birth Weight | ≤5 lbs. 8 oz. (≤2500g) birth weight (most recent pregnancy) | 1 | 6 |
| 321 | History of Fetal or Neonatal Loss | A history of a spontaneous abortion <20 wks gestation, fetal death (death at ≥ 20 weeks gestation) or neonatal death (death in 0-28 days of life) (most recent pregnancy) | 1 | 6 |
| 331 | Pregnancy at a Young Age | Conception date or date of LMP ≤17 years of age (most recent pregnancy) | 1 | 3 |
| 332 | Closely Spaced Pregnancies | Conception before 16 months postpartum, including live birth, spontaneous abortion or fetal death (most recent pregnancy) | 1 | 3 |
| 333 | High Parity and Young Age | <20 years of age at date of conception with 3 or more previous pregnancies of at least 20 weeks duration (most recent pregnancy) | 1 | 3 |
| 335 | Diagnosed Twins or Multiple Gestation | Most recent pregnancy | 1 | 6 |
| 337 | History of Large for Gestational Age | ≥9 lbs. or ≥90 th percentile for gestational age (most recent pregnancy) | 1 | 6 |

| BREASTFEEDING & POSTPARTUM WOMAN'S MEDICAL RISK TABLE | | | | |
|--|---|--|---|---|
| 339 | History of Birth with a Congenital Defect | Baby with birth defect linked to inappropriate nutritional intake (Neural Tube Defect, Cleft Palate) (most recent pregnancy) | 1 | 6 |
| 341 | Nutrient Deficiency Disease | Nutritional deficiency or disease or disease caused by insufficient dietary intake | 1 | 6 |
| 342 | Gastro-intestinal Disorders | Disease or condition interfering with intake or absorption of nutrients (see risk definition) | 1 | 6 |
| 343 | Diabetes Mellitus | Presence of Diabetes Mellitus | 1 | 6 |
| 344 | Thyroid Disorder | Presence of thyroid disorder | 1 | 6 |
| 345 | Hypertension | Presence of hypertension (high blood pressure) | 1 | 6 |
| 346 | Renal Disease | Presence of renal disease (not including urinary tract infections) | 1 | 6 |
| 347 | Cancer | Presence of cancer affecting nutritional status | 1 | 6 |
| 348 | Central Nervous System Disorders | Presence of Central Nervous System disorders (see risk definition) | 1 | 6 |
| 349 | Genetic and congenital Disorders | Presence of genetic or congenital disorders (may include cleft lip / palate, Down's Syndrome, muscular dystrophy) | 1 | 6 |
| 351 | Inborn Errors of Metabolism | Presence of metabolic error (see risk definition) | 1 | 6 |
| 352 | Infectious Disease | Presence of infectious disease affecting nutritional status (see risk definition) | 1 | 6 |
| 353 | Food Allergies | Presence of food allergies | 1 | 6 |

| BREASTFEEDING & POSTPARTUM WOMAN'S MEDICAL RISK TABLE | | | | |
|--|--|---|---|-----|
| 354 | Celiac Disease | Presence of Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue | 1 | 6 |
| 355 | Lactose Intolerance | Presence of lactose intolerance | 1 | 6 |
| 356 | Hypoglycemia | Presence of hypoglycemia | 1 | 6 |
| 358 | Eating Disorders | Presence of eating disorder | 1 | 6 |
| 359 | Recent Surgery, Trauma, Burns | Major surgery (including C-sections) (most recent pregnancy), trauma or burns severe enough to affect nutritional status (within 2 months if self-reported). Over 2 months must have documentation of continued need for nutritional support. | 1 | 6 |
| 360 | Other Medical Conditions | Presence of other medical conditions affecting nutritional status (such as cystic fibrosis, lupus, juvenile rheumatoid arthritis, persistent asthma requiring medication) | 1 | 6 |
| 361 | Depression | Presence of clinical depression | 1 | 6 |
| 362 | Developmental Delays, Sensory or Motor Delays, Interfering w/ Ability to Eat | Developmental, sensory or motor delays interfering with the ability to eat | 1 | 6 |
| 371 | Maternal Smoking | Any daily smoking of tobacco products | 1 | N/A |
| 372 | Alcohol & Illegal Drug Use | Routine current use of ≥ 2 drinks/day, binge drinking or heavy drinking (≥ 5 drinks on same occasion) or illegal drug use | 1 | 3 |
| 381 | Dental Problems | Dental problems interfering with the ability to eat | 1 | 6 |

| PREGNANT WOMAN'S MEDICAL RISK TABLE | | | |
|--|---------------------------------------|---|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 301 | Hyperemesis Gravidarum | Severe nausea and vomiting causing dehydration and acidosis | 1 |
| 302 | Gestational Diabetes | Presence of gestational diabetes | 1 |
| 303 | History of Gestational Diabetes | Any history of gestational diabetes | 1 |
| 311 | History of Premature Delivery | ≤37 weeks gestation in any pregnancy | 1 |
| 312 | History of Low Birth Weight | Having had a baby ≤5 lbs 8 oz. (≤ 2500g) birthweight in any pregnancy | 1 |
| 321 | History of Fetal or Neonatal Loss | A history of a spontaneous abortion <20 wks gestation, fetal death (death at ≥ 20 weeks gestation) or neonatal death (death in 0-28 days of life) | 1 |
| 331 | Pregnancy at a Young Age | Conception date or date of LMP ≤17 years of age for current pregnancy | 1 |
| 332 | Closely Spaced Pregnancies | Conception before 16 months postpartum including live births, spontaneous abortion or fetal death for current pregnancy | 1 |
| 333 | High Parity and Young Age | <20 years old at date of conception with 3 or more previous pregnancies of at least 20 weeks duration for current pregnancy | 1 |
| 334 | Inadequate Prenatal Care | Prenatal care beginning after the first trimester or (see risk definition) | 1 |
| 335 | Diagnosed Twins or Multiple Gestation | Current Pregnancy | 1 |
| 336 | Delayed Uterine Growth | Fetal Growth Restriction | 1 |

| PREGNANT WOMAN'S MEDICAL RISK TABLE | | | |
|-------------------------------------|---|---|---|
| 337 | History of Large for Gestational Age | ≥ 9 lbs. or $\geq 90^{\text{th}}$ percentile for gestational age | 1 |
| 338 | Pregnant Woman BFin | Pregnant woman currently breastfeeding another child. | 1 |
| 339 | History of Birth with a Congenital Defect | Birth defect linked to inappropriate nutritional intake (Neural Tube Defect, Cleft Palate) | 1 |
| 341 | Nutrient Deficiency Disease | Nutritional deficiency or disease or disease caused by insufficient dietary intake | 1 |
| 342 | Gastro-Intestinal Disorders | Disease or condition interfering with intake or absorption of nutrients (see risk definition) | 1 |
| 343 | Diabetes Mellitus | Presence of Diabetes Mellitus. | 1 |
| 344 | Thyroid Disorder | Presence of thyroid disorder. | 1 |
| 345 | Hypertension | Presence of hypertension (high blood pressure) | 1 |
| 346 | Renal Disease | Presence of renal disease (not including urinary tract infection) | 1 |
| 347 | Cancer | Presence of cancer affecting nutritional status | 1 |
| 348 | Central Nervous System Disorders | Presence of Central Nervous System disorders (see risk definition) | 1 |
| 349 | Genetic and Congenital Disorders | Presence of genetic or congenital disorders (see risk definition) | 1 |
| 351 | Inborn Errors of Metabolism | Presence of metabolic error (see risk definition) | 1 |
| 352 | Infectious Diseases | Presence of infectious disease affecting nutritional status (see risk definition) | 1 |
| 353 | Food Allergies | Presence of food allergies | 1 |
| 354 | Celiac Disease | Presence of Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue | 1 |

| PREGNANT WOMAN'S MEDICAL RISK TABLE | | | |
|--|--|--|---|
| 355 | Lactose Intolerance | Presence of lactose intolerance | 1 |
| 356 | Hypoglycemia | Presence of hypoglycemia | 1 |
| 358 | Eating Disorders | Presence of eating disorder | 1 |
| 359 | Recent Surgery, Trauma, Burns | Major surgery (including C-sections), trauma, or burns severe enough to affect nutritional status (within 2 months if self-reported). Over 2 months must have documentation of continued need for nutritional support. | 1 |
| 360 | Other Medical Conditions | Presence of other medical conditions affecting nutritional status (such as cystic fibrosis, lupus, juvenile rheumatoid arthritis, persistent asthma requiring medication) | 1 |
| 361 | Depression | Presence of clinical depression. | 1 |
| 362 | Developmental Delays, Sensory or Motor Delays, Interfering with Ability to Eat | Developmental, sensory or motor delays interfering with the ability to eat | 1 |
| 371 | Maternal Smoking | Any daily smoking of tobacco products | 1 |
| 372 | Alcohol and Illegal Drug Use | Any use during pregnancy | 1 |
| 381 | Dental Problems | Dental problems interfering with the ability to eat (gingivitis if pregnant) | 1 |

| INFANT'S MEDICAL RISK TABLE | | | |
|------------------------------------|----------------------------------|---|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 341 | Nutrient Deficiency Disease | Nutritional deficiency or disease or disease caused by insufficient dietary intake | 1 |
| 342 | Gastro-Intestinal Disorders | Disease or condition interfering with intake or absorption of nutrients (see risk definition) | 1 |
| 343 | Diabetes Mellitus | Presence of Diabetes Mellitus | 1 |
| 344 | Thyroid Disorders | Presence of thyroid disorder | 1 |
| 345 | Hypertension | Presence of hypertension (high blood pressure) | 1 |
| 346 | Renal Disease | Presence of renal disease (not including urinary tract infection) | 1 |
| 347 | Cancer | Presence of cancer affecting nutritional status | 1 |
| 348 | Central Nervous System Disorders | Presence of Central Nervous System Disorders (see risk definition) | 1 |
| 349 | Genetic & Congenital Disorders | Presence of genetic or congenital disorders (see risk definition) | 1 |
| 350 | Pyloric Stenosis | Presence of Pyloric Stenosis (gastrointestinal obstruction) | 1 |
| 351 | Inborn Errors of Metabolism | Presence of metabolic error (see risk definition) | 1 |
| 352 | Infectious Diseases | Presence of infectious disease affecting nutritional status. (see risk definition) | 1 |
| 353 | Food Allergies | Presence of food allergies | 1 |
| 354 | Celiac Disease | Presence of Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue | 1 |
| 355 | Lactose Intolerance | Presence of lactose intolerance | 1 |
| 356 | Hypoglycemia | Presence of hypoglycemia | 1 |

| INFANT'S MEDICAL RISK TABLE | | | |
|-----------------------------|---|--|---|
| 359 | Recent Surgery, Trauma, Burns | Major surgery, trauma or burns severe enough to affect nutritional status (within 2 months if self-reported). Over 2 months must have documentation of continued need for nutritional support. | 1 |
| 360 | Other Medical Conditions | Presence of other medical conditions affecting nutritional status (such as cystic fibrosis, lupus, juvenile rheumatoid arthritis, persistent asthma requiring medication) | 1 |
| 362 | Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat | Developmental, sensory or motor delays interfering with the ability to eat | 1 |
| 381 | Dental Problems | Dental problems interfering with the ability to eat | 1 |
| 382 | Fetal Alcohol Syndrome | Presence of Fetal Alcohol Syndrome | 1 |

| CHILD'S MEDICAL RISK TABLE | | | |
|-----------------------------------|----------------------------------|---|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 341 | Nutrient Deficiency Disease | Nutritional deficiency or disease or disease caused by insufficient dietary intake | 3 |
| 342 | Gastro-Intestinal disorders | Disease or condition interfering with intake or absorption of nutrients (see risk definition) | 3 |
| 343 | Diabetes Mellitus | Presence of Diabetes Mellitus | 3 |
| 344 | Thyroid Disorders | Presence of thyroid disorder | 3 |
| 345 | Hypertension | Presence of hypertension (high blood pressure) | 3 |
| 346 | Renal Disease | Presence of renal disease (not including urinary tract infection) | 3 |
| 347 | Cancer | Presence of cancer affecting nutritional status | 3 |
| 348 | Central Nervous System Disorders | Presence of Central Nervous System disorders (see risk definition) | 3 |
| 349 | Genetic & Congenital Disorders | Presence of genetic or congenital disorders (see risk definition) | 3 |
| 351 | Inborn Errors of Metabolism | Presence of metabolic error (see risk definition) | 3 |
| 352 | Infectious Diseases | Presence of infectious disease affecting nutritional status (see risk definition) | 3 |
| 353 | Food Allergies | Presence of food allergies | 3 |
| 354 | Celiac Disease | Presence of Celiac Spry, Gluten Enteropathy, Non-tropical Sprue | 3 |
| 355 | Lactose Intolerance | Presence of lactose intolerance | 3 |
| 356 | Hypoglycemia | Presence of hypoglycemia | 3 |

| CHILD'S MEDICAL RISK TABLE | | | |
|-----------------------------------|---|--|---|
| 359 | Recent Surgery, Trauma, Burns | Major Surgery, trauma or burns severs enough to affect nutritional status (within 2 months if self-reported). Over 2 months must have documentation of continued need for nutritional support. | 3 |
| 360 | Other Medical Conditions | Presence of other medical conditions affecting nutritional status (such as cystic fibrosis, lupus, juvenile rheumatoid arthritis, persistent asthma requiring medication) | 3 |
| 361 | Depression | Presence of clinical depression | 3 |
| 362 | Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat | Developmental, sensory or motor delays interfering with the ability to eat | 3 |
| 381 | Dental Problems | Dental problems interfering with the ability to eat | 3 |
| 382 | Fetal Alcohol Syndrome | Presence of Fetal Alcohol Syndrome | 3 |

Regression

The WIC Program serves those participants who appear healthy now but may have had some health-related issues recently. We hope that by giving the participant another six months of WIC benefits, we can keep her/him from returning to those former issues. Examples of conditions that could return if the participant does not stay on WIC include underweight and anemia. The Regression risk cannot be assigned to an infant.

| BREASTFEEDING & POSTPARTUM WOMAN'S REGRESSION RISK TABLE | | | | |
|---|---------------------------|---|--------------------|--------------------|
| Risk Code | Risk Name | Description | Priority BF | Priority PP |
| 501 | Possibility of Regression | Possible regression without WIC foods (not for initial certification) Limited use of two non-consecutive times in a 5-year period. | 4 | 7 |

| CHILD'S REGRESSION RISK TABLE | | | |
|--------------------------------------|---------------------------|--|-----------------|
| Risk Code | Risk Name | Description | Priority |
| 501 | Possibility of Regression | Possible regression without WIC foods (not for initial certification). Limited use of two non-consecutive times in a 5-year period. | 5 |

Other Risks

| BREASTFEEDING & POSTPARTUM WOMAN'S OTHER RISK TABLE | | | | |
|--|--|--|--------------------|--------------------|
| Risk Code | Risk Name | Description | Priority BF | Priority PP |
| 502 | Transfer of Certification | Out of State Transfer | 0 | 0 |
| 601 | Breastfeeding mother of infant at nutritional risk | Woman breastfeeding an infant who is at nutritional risk | 1, 2, 4 | N/A |
| 602 | Breastfeeding Complications | A breastfeeding with complications such as engorgement, plugged ducts, mastitis, cracked/flat or inverted nipples. | 1 | N/A |
| 801 | Homelessness | Homelessness | 4 | 6 |
| 802 | Migrancy | Migrancy | 4 | 6 |

WIC University Training Manual

| | | | | |
|-----|---|---|---|---|
| 901 | Recipient of Abuse | Abuse in last 6 months | 4 | 6 |
| 902 | Woman or Infant/Child of Primary Caregiver with Limited Ability | Examples include ≤17 years old, mentally disabled/delayed, physically disabled, history or currently using alcohol or drugs | 4 | 6 |
| 903 | Foster Care | Entering foster care or changing foster homes in the previous 6 months | 7 | 7 |

PREGNANT WOMAN'S OTHER RISK TABLE

| Risk Code | Risk Name | Description | Priority |
|-----------|---|---|----------|
| 502 | Transfer of Certification | Out of State Transfer | 0 |
| 503 | Presumptive Eligibility for Pregnant Woman | A pregnant woman who meets WIC income eligibility standards but who has not been evaluated for nutrition risk | 4 |
| 801 | Homelessness | Homelessness | 4 |
| 802 | Migrancy | Migrancy | 4 |
| 901 | Recipient of Abuse | Abuse in last 6 months | 4 |
| 902 | Woman or Infant/Child of Primary Caregiver with Limited Ability | Examples include ≤17 years old, mentally disabled/delayed, physically disabled, history or currently using alcohol or drugs | 4 |
| 903 | Foster Care | Entering foster care or changing foster homes in the previous 6 months | 4 |

CHILD'S OTHER RISK TABLE

| Risk Code | Risk Name | Description | Priority |
|-----------|---------------------------|--|----------|
| 502 | Transfer of Certification | Out of State Transfer | 0 |
| 801 | Homelessness | Homelessness | 5 |
| 802 | Migrancy | Migrancy | 5 |
| 901 | Recipient of Abuse | Abuse in last 6 months | 5 |
| 902 | Woman or Infant/Child of | Examples include ≤17 years old, mentally disabled/ | 5 |

WIC University Training Manual

| | | | |
|-----|--|---|---|
| | Primary Caregiver with Limited Ability | delayed, physically disabled, history or currently using alcohol or drugs | |
| 903 | Foster Care | Entering foster care or changing foster homes in the previous 6 months | 5 |

| INFANT'S OTHER RISK TABLE | | | |
|---------------------------|---|--|----------|
| Risk Code | Risk Name | Description | Priority |
| 502 | Transfer of Certification | Out of State Transfer | 0 |
| 603 | Breastfeeding Complications | Infant with problems such as jaundice, weak/ineffective suck, difficulty latching, inadequate stooling | 1 |
| 701 | Infant up to 6 Months Born to WIC Mother or WIC-Eligible Mother | Infant born to woman whose mother was a WIC participant or who was at nutritional risk during pregnancy | 2 |
| 702 | Infant Being Breastfed by Woman at Nutritional Risk | Breastfeeding infant of a woman at nutritional risk | 1/2/4 |
| 703 | Infant born of Woman with Mental Retardation, Alcohol, Drug Abuse | Infant born of a woman diagnosed with mental retardation or self-reported use of alcohol or drugs | 1 |
| 801 | Homelessness | Homelessness | 4 |
| 802 | Migrancy | Migrancy | 4 |
| 901 | Recipient of Abuse | Abuse in last 6 months | 4 |
| 902 | Woman or Infant/Child of Primary Caregiver with Limited Ability | Examples include ≤17 years old, mentally disabled/ delayed, physically disabled, history or currently using alcohol or drugs | 4 |
| 903 | Foster Care | Entering foster care or changing foster homes in the previous 6 months | 4 |

HEALTH SCREEN - Infant

Client

Client ID: 16450003023 | Last Name: ORANGE | First Name: INFANT | MI1: | MI2: | Birth Date: 02/15/2008 | Cert Start Date: 08/06/2008

Health History

Health History Date: 08/06/2008

☐ Multiple Birth ☒ Premie

☐ Downs ☐ Small for Gestational Age

Health Risk Factors

Certification: 08/06/2008

Risk Factor: 121 (SHORT STATURE), 141 (LOW BIRTH WEIGHT INFANT (AT OR BELOW)), 142 (PREMATURE INFANT)

Approval Phys. Nutr. Doc. Rec'd

Priority: 1

☒ High Risk

Count: 7

Family Client Reg Cert Action Medical **Health** Nutr Quest Care Plan Food Pkg

Check if the client was part of a multiple birth.

Record: 1/1

The **Health** screen is the most time-consuming screen to complete in AIM because it contains many questions about topics that impact the health of the participant and also collects data for reporting purposes. Nutritional risks are also calculated on this screen. **RISKS SHOULD ONLY BE CALCULATED AT THE TIME OF CERTIFICATION. Even if new information is discovered during a certification that would add / delete a risk, do not recalculate risks. Simply make a note in the Notes box to reflect the new information. (EXCEPTION: if an EDD changes after the date of certification so that the infant is no longer premature, and if they are certified with one of risk 121/134/141/142 as their only risk, they must be terminated and a new certification begun to look for a new risk)**

| FIELD NAME | FIELD INFORMATION |
|---------------------------------|---|
| CLIENT ID | Defaults to the participant's ID. |
| LAST NAME, FIRST NAME, MI1, MI2 | Defaults to the participant's name. |
| BIRTH DATE | Defaults to the participant's birth date. |
| CERT START DATE | Defaults to this certification's start date. |
| HEALTH HISTORY DATE | Defaults to the most current Health History record date. To view historical information, click into this field and use the VCR scroll arrows (< or >) at the top of the screen. |
| MULTIPLE BIRTH CHECKBOX | Check this box if applicable. A risk will be assigned if checked. |

WIC University Training Manual

| | |
|------------------------------------|---|
| DOWNS CHECKBOX | This refers to Downs Syndrome. Check this box if applicable. A risk will be assigned if checked. |
| PREEMIE CHECKBOX | This box is auto-checked if the infant was born three or more weeks (21 or more days) early. The premature risk (142) will be assigned. |
| SMALL FOR GESTATIONAL AGE CHECKBOX | Check this box if applicable. A risk will be assigned if checked. |
| HEALTH HISTORY BUTTON | Click on this button and answer the Health History questions. |
| IMMUNIZATION BUTTON | This button will only be activated for infants and children up to age two. |
| TOBACCO BUTTON | This button, once answered for one family member, will not need to be answered for any other family members who are enrolling on WIC. The information will carry over to all other family members' records. |
| INFANT CONDITION | Infant condition is mandatory at certification if the client is under 2 years of age. If you do not know the infant's weight and / or length, you may enter 999 to serve as a placeholder. The Infant Condition information may be updated at any time. If the child was premature (risk 142), the Infant Condition button will auto-fill with code 3- Preterm Infant. The State office recommends that you indicate in the warning notes / checkbox if infant condition is not complete. That way, the information will get updated at the next visit. |
| CERTIFICATION | This box will default to the certification start date. If you want to view historic information, you can use the LOV to select the certification date you are interested in. |
| RISK FACTOR | This is the system-generated risk number and risk description area. |

| | |
|------------------------|---|
| APPROVAL PHYS | This defaults with a checkmark if physician documentation is required to assign this risk. |
| APPROVAL NUTR | This defaults with a checkmark if nutritionist approval is required to assign this risk. |
| DOC. REC'D | Check this box only if the risk requires documentation or approval and only when it is received. |
| MOM'S / INFANT'S RISKS | This button allows you to view the risks of the participating mother or participating infant. |
| PRIORITY | This is generated by the system based on the category and risks of the participant. |
| HIGH RISK | This flag will be automatically checked by the system, when appropriate, and is based on the category and risks of the participant. |
| COUNT | This is the system-generated total number of risks assigned to the participant. |

HEALTH SCREEN - Woman

Arizona WIC Program - [Woman Health]

File Edit Item Record Query Window Help

8.0.14|Trnst|4516

Client

Client ID: 16450002953 Last Name: ORANGE First Name: JULIE MI1: MI2:

Certification

Expected delivery date: 12/01/2008 Actual delivery date: Category: PG2

Health History

Health History Date: 08/04/2008 Multiple Birth/Gestation: ☐ How many previous pregnancies have you had? 1

Health History Tobacco Notes

Health Risk Factors

08/04/2008

| Risk Factor | Approval Phys. | Nutr. | Doc. Rec'd | Priority |
|------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 131 LOW MATERNAL WEIGHT GAIN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 334 INADEQUATE PRENATAL CARE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> High Risk |
| 355 LACTOSE INTOLERANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Count: 4 |

Infant Risks Calculate Risks

Family Client Reg Cert Action Medical **Health** Nutr Quest Care Plan Food Pkg

The client ID. Double click or press F2 to go to the client / family lookup for an existing client.
Record: 1/1 <OSC> <DBG>

When entering data in the **Woman Health** screen, you must answer the question “How many previous pregnancies have you had?” For a first-time mom, answer this with a one; for women with more than one child, answer with the number of children. You will get the pop-up shown on the next page.

Previous Pregnancies

Of your pregnancies, how many were live births?

When did your last pregnancy end?

Have you ever had:

| | Any PG | Most Recent PG |
|--|--------------------------|--------------------------|
| Diabetes or high blood sugar while pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby born 3 weeks or more early | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby that weighed 5lbs 8oz or less at birth | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby that weighed 9lbs or more at birth | <input type="checkbox"/> | <input type="checkbox"/> |
| A still birth or miscarriage on or after 20 weeks of pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby die during the first 28 days of life | <input type="checkbox"/> | <input type="checkbox"/> |
| Two or more miscarriages | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever given birth to a baby with birth defects (such as neural tube defect, cleft lip or palate?) ☐ No ☐ Yes

For the question “Of your pregnancies, how many were live births?” in the case of a stillborn, answer this with a zero. Please ask your participant all of these pregnancy-related questions. The answers given in this pop-up will be used to calculate risks for this participant.

WIC University Training Manual

Arizona WIC Program - [Woman Health]

File Edit Item Record Query Window Help

6.0.08|Uat30|3038

Health History

What is/was your source of prenatal care? 1 PRIVATE MD/HMO

On what date did your prenatal care begin? 07/04/2006

How many visits to the doctor have you had? 5

Has the doctor diagnosed delayed uterine growth with this pregnancy? ☒ No ☐ Yes

How many other pregnancies of at least 20 weeks duration have you had, not including this one? 0

Are you breastfeeding your baby now? ☐ No ☐ Yes

Do you currently or did you drink alcohol during pregnancy? ☐ No ☐ Yes

Have you thought about how you will care for your baby? ☐ No ☐ Yes

Do you have any health or medical conditions? ☐ No ☐ Yes

Are you taking any medications? ☐ No ☐ Yes

Do you use any other type of drug or substance? ☐ No ☐ Yes

Are you on a special diet? ☐ No ☐ Yes

Do you have any food allergies? ☐ No ☐ Yes

Forms

This mother has given live birth at least once. Please enter a number that corresponds to the number of the mother's previous live births.

OK

Enter the number of previous pregnancies of at least 20 weeks duration.
Record: 2/2 <OSC> <DBG>

When you begin to answer the questions in the health screen and attempt to pass over the question, “How many other pregnancies - - - -” you will get the reminder message shown above. When you enter data into this field, you will again get the Previous Pregnancies pop-up. You will notice it has the data you previously entered. Acknowledge this message by clicking the OK button and the pop-up will close; you can continue to enter your participant’s health data.

Previous Pregnancies

Of your pregnancies, how many were live births? 1

When did your last pregnancy end? 01/01/2005

Have you ever had:

| | Any PG | Most Recent PG |
|--|--------------------------|--------------------------|
| Diabetes or high blood sugar while pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby born 3 weeks or more early | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby that weighed 5lbs 8oz or less at birth | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby that weighed 9lbs or more at birth | <input type="checkbox"/> | <input type="checkbox"/> |
| A still birth or miscarriage on or after 20 weeks of pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| A baby die during the first 28 days of life | <input type="checkbox"/> | <input type="checkbox"/> |
| Two or more miscarriages | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever given birth to a baby with birth defects (such as neural tube defect, cleft lip or palate)? ☒ No ☐ Yes

OK

WIC University Training Manual

When you are finished entering data and are ready to save this information, you will get the message below.

Arizona WIC Program - [Woman Health]

File Edit Item Record Query Window Help

Save

Client ID 38300012110 Last Name APPLE First Name MARY MI1 MI2

Certification Expected delivery date: 01/01/2007 Actual delivery date: Category: PG2

Health History Health History Date 10/18/2006 Multiple Birth/Gestation: How many previous pregnancies have you had? 1

Health Risk Factors 09/11/2006

Risk Factor

Calculate Risks

The participant's risk factors have not been re-calculated, would you like to re-calculate the risks?

Yes No

Count: 0

Family Client Reg Cert Action Medical Health Diet Assess Care Plan Food Pkg

Press this button to start the Tobacco questionnaire.

Record: 0/2

You will notice risks have not been calculated. Please click Yes and let the system calculate the risks for you. You should not add risks.

Arizona WIC Program - [Woman Health]

File Edit Item Record Query Window Help

Save

Client ID 38300012110 Last Name APPLE First Name MARY MI1 MI2

Certification Expected delivery date: 01/01/2007 Actual delivery date: Category: PG2

Health History Health History Date 10/18/2006 Multiple Birth/Gestation: How many previous pregnancies have you had? 1

Health Risk Factors 09/11/2006

Risk Factor

| Risk Factor | Approval Phys. | Doc. Rec'd | Priority |
|---------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 201 ANEMIA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 332 CLOSELY SPACED PREGNANCY, CONCEPT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 353 FOOD ALLERGIES | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Priority: High Risk

Count: 4

Family Client Reg Cert Action Medical Health Diet Assess Care Plan Food Pkg

The health history date.

Record: 1/?

Additional Breastfeeding Questions (in the **On Demand** screen)

The Federal government requires WIC to collect breastfeeding initiation and duration rates on infants / children up to the age of two. One of the main goals of the WIC Program is to increase the duration of breastfeeding. AIM includes the following pop-up screen that is mandatory to complete.

The screenshot shows the 'Arizona WIC Program - [On Demand Food Instruments]' window. A 'Breastfeeding Surveillance' pop-up form is displayed over the main interface. The form contains the following fields and questions:

- Client ID:** 32300011899
- Family ID:** UNDERWEIGHT INCOME V4.2
- Issue (Y/N):** A table with columns for 'Issue (Y/N)' and 'Client ID'.
- 1. Is this infant/child currently breastfeeding?** ☐ No ☐ Yes
- 2. Has this infant/child ever breastfed?** ☐ No ☐ Yes
- 3. How old was this infant/child when he/she completely stopped breastfeeding?**
 - Days Weeks Months
- 4. Why did you stop breastfeeding?**
- 5. How old was this infant/child when he/she was first fed something other than breast milk?**
 - ☐ Not Applicable, Nothing Given
 - Days Weeks Months
- OK** button

Previously enrolled child (C1): this **Breastfeeding Surveillance** pop-up in the **On Demand** screen will come up each time this screen is entered until breastfeeding stops (Question 3 is answered) or the child turns two years old.

Section 7: Care Plan Screen

The Care Plan window uses the established category and risk factor protocols to help you create an individualized plan appropriate for each participant's health care needs.

Arizona WIC Program - [Care Plan]

File Edit Item Record Query Window Help

8.0.14|Trnst|4516

Client

Client ID [] Last Name [] First Name [] MI1 [] MI2 []

Care Plan

Risk Factors

| | | |
|--|--|---|
| | | Print |
| | | <input checked="" type="checkbox"/> Count |
| | | |
| | | |

Goal

| | | |
|--|--|---|
| | | Print |
| | | <input checked="" type="checkbox"/> Count |
| | | |
| | | |

Referral Program

| | | |
|--|--|---|
| | | Print |
| | | <input checked="" type="checkbox"/> Count |
| | | |
| | | |

Referral Organization

| | | |
|--|--|---|
| | | Print |
| | | <input checked="" type="checkbox"/> Count |
| | | |
| | | |

☐ Family ☐ **Client Reg** ☐ Cert Action ☐ Medical ☐ Health ☐ Nutr Quest ☒ **Care Plan** ☐ Food Pkg

Care Plan

Enter a query; press F8 to execute, Ctrl+q to cancel.

Record: 1/1 Enter-Query List of Values <OSC> <DBG>

Click the **Care Plan** radio button. The **Care Plan** window will appear.

Arizona WIC Program - [Care Plan]

File Edit Item Record Query Window Help

8.0.14|Trnst|4516

Client

Client ID Last Name First Name MI1 MI2

Care Plan

Risk Factors

Goal

Referral Program

Referral Organization

Print

Count

Notes

Follow-Up/Nutr Ed

Notes

History

Print

Count

Print

Count

Clinical **Health** **Nutr Quest** **Care Plan** **Food Pkg**

Enter a query; press F8 to execute, Ctrl+q to cancel.

Record: 1/1 Enter-Query List of Values <OSC> <DBG>

See the **Follow-Up** topic later in this section.

The **Notes** push button where a progress SOAP note would be documented

The **Goal** section lists system generated goals based on risk factors. You may add or change a goal using the LOV.

This checkbox will allow you to print selected goals for the Care Plan.

The Care Plan window allows you to:

- View the participant's risk factors.
- View and modify automatically assigned goals. Work with the client to select 1-3 goals that the participant is willing to work on.
- Document referrals to other programs / organizations.
- Document progress / SOAP notes and / or important information.
- Suggest and document nutrition education topics that have been discussed.
- Schedule the next appointment quickly and easily.
- View a participant's Care Plan history.

Goals

The **Goal** section lists system-generated goals based on the assigned risk factors. Review the assigned goals with the participant and have them choose the goals that work the best for them. Choose one to three goals that the participant set for her / his family to work on.

Arizona WIC Program - [Care Plan]

File Edit Item Record Query Window Help

8.0.14|Trnst|4516

Client

Client ID [] Last Name [] First Name [] MI1 [] MI2 []

Care Plan

Risk Factors

| | Print | Count | Notes |
|--|-------------------------------------|-------|-------|
| | <input checked="" type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

Goal

| | Print | Count | Notes | Follow-Up/Nutr Ed | History |
|--|-------------------------------------|-------|-------|-------------------|---------|
| | <input checked="" type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

Referral Program

| | Referral Organization | Print | Count |
|--|-----------------------|-------------------------------------|-------|
| | | <input checked="" type="checkbox"/> | |
| | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | |

☐ Family
 ☐ Client Reg
 ☐ Cert Action
 ☐ Medical
 ☐ Health
 ☐ Nutr Quest
 ☒ Care Plan
 ☐ Food Pkg

Enter a query: press F8 to execute, Ctrl+q to cancel.
 Record: 1/1 Enter-Query List of Values <OSC> <DBG>

Click the **Follow-Up / Nutr Ed** pushbutton.

Arizona WIC Program - [Care Plan]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Client

Follow-Up/Nutr-Ed

Follow-Up Services

Pickup Day: 54 SECOND WEDNESDAY Pickup Interval: 2 BIMONTHLY

Family Members

| Client Id | Last Name | First Name | MI1 | MI2 | Cert | End Date |
|-------------|-----------|------------|-----|-----|------|------------|
| 10450000004 | BARRY | JENNY | | | | 04/08/2003 |
| 10450000003 | BARRY | JIMMY | | | | 04/08/2003 |
| 10450000002 | BARRY | JOAN | | | | 02/05/2003 |

Nutrition Education

| Date | Service | Attendance | Class Cat | Class Name |
|------------|---------|-------------|-----------|------------|
| 10/10/2002 | HLTHCK | PEND/FUTURE | | |
| | | | | |
| | | | | |

Nut Ed Date Topic Description

| | | | | |
|--|--|--|-----------|-------------|
| | | | Materials | Appt. Sched |
| | | | Materials | Notes |
| | | | Materials | OK |

Select the client's Schedule Day from the list of values.
Record: 1/? <OSC> <DBG>

- The first block of data is the **Follow-Up Services** field.
 - Pickup Day** indicates the day of the week the family will pick up food instruments.
 - Pickup Interval** is how often the family is issued Food Instruments.
 - The **Pickup Interval** defaults to the interval entered in the **Family Information** screen.
 - The **Pickup Day** and/or **Pickup Interval** can be modified to reflect the same data for every family member.
 - The **Family Members** block pertains to the members of the family and the type of nutrition education appointment the family has attended.
- Their Client ID number and a certification end date identify each family member.

3. The middle section contains appointment information that details what nutrition education appointment the family has attended.
 - The nutrition education appointment can be either an individual or a class appointment.
 - An individual nutrition education appointment will not display information in the **Class Category** or **Class Name** fields.
 - The nutrition education appointment information is display-only.
 - There must be one scheduled appointment to enable the nutrition education window below. This can be an old appointment from a previous certification or a future appointment.
4. Click in the **Date** field of a nutrition education appointment to view the Nutrition Education topic associated with it below.
5. The last block is the **Nutrition Education** field.
 - The type of nutrition education appointment is tied to the documented nutrition education.
6. Select and document Nutrition Education Topics from the LOV.
NOTE: Nutrition education must be given for each member of the family that is a WIC participant and documented in the appropriate participant's AIM record under the Follow-Up / Nutr Ed button. If a topic applies to more than one participant, it should be documented in each person's AIM record. For example, if a mom and her two children are all WIC participants, each person needs two nutrition education contacts per certification period. If the topic of 'picky eaters' is used for one of the children, that can be documented in that child's record as well as in the mother's record.
7. The **Notes** pushbutton is used to update the **Care Plan** with high-risk nutrition notes.
8. The Appt Scheduler pushbutton navigates you to the Appointment Scheduler to make a future appointment.
 - Using the **Available Appointment Search** in the **Appointment Sheet** will search for the next available appointment corresponding to the participant's pickup day and pickup interval and the most recent Food Instrument issuance.

Lead Screening: All Authorized Representatives of all children participants will be asked if their child has received a lead screening from a healthcare provider. For instruction on when to ask about lead screening, see Section 6 on Biochemical Risks.

If they have received a screening, you would document lead screening in the Follow-Up / Nutr Ed. button, selecting 'Lead Screening Age X' as the topic.

If they have not received a screening, this will be documented in the Follow-Up / Nutr Ed. button by selecting 'No Lead Screening Age X' as the topic and under the Referral section of the Care Plan screen.

Arizona WIC Program - [Care Plan]

File Edit Item Record Query Window Help

5.0.03|Uat30|3001

Client

Follow-Up/Nutr-Ed

Follow-Up Services

Pickup Day: 65 SECOND THURSDAY Pickup Interval: 3 TRIMONTHLY

Family Members

| Client Id | Last Name | First Name | MI1 | MI2 | Cert. End Date |
|------------|-----------|------------|-----|-----|----------------|
| 1300011913 | 601BABY | PN | | | 02/25/2006 |
| 1300012076 | TEST | BABY | | | 02/28/2006 |
| 1300012078 | TEST | BABY | | | 12/31/2005 |

| Date | Service | Attendance | Class Cat | Class Name |
|------------|---------|------------|-----------|-------------------------|
| 06/20/2005 | CLASS | MISSED | INFANT | BABY BOTTLE TOOTH DECAY |
| 06/15/2005 | ISSUE | MISSED | | |

Nutrition Education

| Nut Ed Date | Topic | Description |
|-------------|-------|----------------|
| 09/26/2005 | 78 | LEAD SCREENING |

Materials Appt. Sched

Materials Notes

Materials OK

Select the Educational Topic from the list of values.

Record: 1/1 List of Values: <OSC> <DBG>

Breastfeeding Education

In order to stay within the scope of practice of the Arizona WIC Program, all breastfeeding education must be consistent with "The Breastfeeding Answer Book" by the La Leche League.

What is the difference between **Participant orientation / Program explanation vs. Nutrition Education?**

Participant orientation / Program explanation and nutrition education are both important parts of the Arizona WIC Program. Standards have been developed to ensure that a basic level of nutrition education is provided to all participants. The **minimum** standards are as follows:

Participant orientation / Program explanation:

1. An explanation of WIC rules and regulations, participant responsibilities, WIC foods and the proper use of Food Instruments provided at each certification visit.
2. The relationship of the WIC foods to the participant's status and nutritional risk(s).
3. An explanation of the procedures, such as blood test, height, and weight, used to assess nutritional risk.

Nutrition Education:

1. Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive dietary and **physical activity** habits, and that emphasize the relationship between nutrition, **physical activity**, and health, all in keeping with the **personal and cultural preferences** of the individual.
2. Nutrition education includes the introduction of the educational topics "substances to avoid during pregnancy" and "breastfeeding" for pregnant women.
3. It also includes the introduction of at least 2 educational topics related to the participant's risk(s) during their 6-month certification.



Nutrition Education - (Care Plan Screen)

Remember that WIC is a NUTRITION EDUCATION PROGRAM and requires that we provide 2 nutrition education contacts/6-month time period. Document the nutrition education that you provide in the **Follow-Up / Nutr Ed** button of the **Care Plan** screen.

Local Agencies will provide appropriate nutrition education to all participants. During each 6-month certification period, the WIC participant will receive at least two (2) nutrition education contacts, which impacts the participant / family's nutritional status. For longer certifications, nutrition education will be provided at the same rate (once every three months).

Remember that participant orientation / program explanation and referrals do not count as **nutrition education**. Participant orientation / program explanation and referrals include topics such as immunizations (for children two years and under), referrals to other programs, proxies, or how to use Food Instruments.

What is the state WIC staff looking for as nutrition education when they come for a Management Evaluation (M.E.)? -

1. information provided is accurate and up-to-date;
2. information is individualized to meet participant's needs and considers the education level, lifestyle, cultural beliefs, etc. of each participant;
3. participant receives positive feedback as often as possible to reinforce good nutrition habits;
4. a nutrition goal is set (or tailored in AIM) for the participant;
5. participant / caregiver is involved in setting the goal;
6. appropriate materials are used for education and provided to the participant;
7. innovative methods are used, when possible, to provide nutrition education.

Nutrition Education

1. T/F Nutrition education means talking with a client about immunizations.
2. T/F Nutrition education means talking with a client about car seat safety.
3. T/F If I ask a mom what type of milk her child drinks, we talk about switching to low-fat milk, and I give her a “Go-Low” handout on milk, this would count as nutrition education and I would document it in AIM.
4. T/F Nutrition education can be showing a mom the Guide to Good Eating Handout and asking her/her child to point to the fruits and vegetables that her overweight child will eat. We would also talk about other fruits and vegetables she may be willing to try and how to prepare them. I would document the topic and handout in AIM and that would count as nutrition education.
5. T/F Nutrition education can be talking to a pregnant teen, which often skips meals and snacks, about foods she could eat on the run. I would include a handout and discuss meal and snack ideas with her. I would document the topic and handout in AIM.

Section 8: Food Package Screen

In this section, you will learn more about the following topics:

- Food Package Tailoring
- Food Package Assignment & Issuance
- Special Formula Approval
- Formula Replacement
- Food Instrument Replacement and Void
- Anatomy of a Food Package
- Special Packages
- On Demand Button
- Linking Mothers & Infants

Food Package Tailoring

Food packages will be tailored for each participant based on their category, dietary needs, cultural, or individual preferences and environmental constraints. Tailoring is also recommended when more than one family member is on WIC. In this case, more cheese could be provided.

Example: If excess milk consumption is the suspected cause for anemia, this would be an opportunity to provide the participant with more cheese.

Food Package Assignment

- Infants who are exclusively nursing / breastfeeding (IEN) will receive a food package assignment that will not actually produce any Food Instruments. This is so the AIM system can account for their participation. These infants can receive infant cereal and infant juice at 6 months of age, if desired.
- Most infants will tolerate and thrive on standard infant formulas, such as Similac Advance, Isomil Advance, and Similac Sensitive. If the infant needs a formula other than one of these due to a medical condition, it is considered a special formula and needs a healthcare provider's prescription and approval from the Local Agency nutritionist / RD. A 1 month supply can be provided in the absence of a prescription and / or nutritionist / RD approval.

****If the WIC client is also an AHCCCS participant and the WIC program cannot provide the highly specialized formula / medical food, or provide all of the infant formula needed for the month, the Authorized Representative should be referred to their healthcare provider to begin the process of obtaining the formula / food through a process called Prior Authorization (PA). See your Local Agency supervisor for instructions on how to refer them.**

- Infants who are partially nursing (IPN) can be assigned food packages that contain various amounts of infant formula so that their mothers can be encouraged to continue breastfeeding as much as possible.

- One-year-old children (C1) will receive whole milk food packages.
- For children over the age of two (C2, C3, C4) and women, skim or 1% milk is the preferred package since it is the healthiest choice.

Note: For a homeless participant who may not have cold storage, choose a package with long shelf life milk, dry milk or condensed milk.

Issuance

Now you are almost finished with the certification process. On the Food Package screen, you will select the participant's pickup day and interval, and an appropriate food package based on their category and needs. The pickup interval does not need to be the same for everyone within the family. See screen shot below.

Arizona WIC Program - [Food Packages]

File Edit Item Record Query Window Help

5.1.05 [Uat30]3034

Family ID: 069043379 Authorized Rep1 Last Name: DAWSON Authorized Rep1 First Name: ROBERTA MI1: MI2: Pickup Interval: 2

Client

Client ID: 34300013129 Last Name: DAWSON First Name: ROBERTA MI1: MI2: Category: EN

Pickup Day: 74 FOURTH WEDNESDAY Pickup Interval: 2 BIMONTHLY Appt Scheduler On Demand

Food Packages

Certification: 07/20/2006 01/19/2007 Symptoms

| Food Package | Description | Effect. Date | End Date | Disable | Approved Thru | Approval Nutr. Phys. |
|--------------|--------------------------------|--------------|------------|---------|---------------|----------------------|
| AA064332 | FFP 7-WHOLE, 6 GAL/2 LB CHEESE | 07/20/2006 | 01/19/2007 | | | |
| | | | | | | |
| | | | | | | |

Comment: Nutritionist: Custom History Standard

Family Client Reg Cert Action Medical Health Diet Assess Care Plan **Food Pkg**

The Client ID. Double click or press F2 to go to the Client/Family Lookup for an existing client.
Record: 1/1 <OSC> <DBG>

Once you have entered this information, save your work and click the On Demand button.

WIC University Training Manual

The Generate Forms pop-up (below) will appear in the Food Package screen when you save your work. Place a checkmark next to any forms that you want to print.

The screenshot shows the 'Arizona WIC Program - [Food Packages]' window. The main window has a menu bar (File, Edit, Item, Record, Query, Window, Help) and a toolbar. The data entry fields include Family ID (052744489), Authorized Rep1 Last Name (TEST), Authorized Rep1 First Name (BIMI), MI1, MI2, and Pickup Interval (2). The 'Client' tab is active, showing Client ID (1300012805), Last Name, First Name, MI1, MI2, and Category (C3). The 'Food Packages' tab is also visible, showing a list of packages with IDs like AA020431 and descriptions like FFP 4-SK. A 'Generate Forms' pop-up window is overlaid on the main window, titled 'Select to Print the Forms'. It contains four checkboxes: Proxy Form, Certification Record, Participant Rights and Responsibilities, and WIC Program Complaint. There is also an 'Anonymous' checkbox. An 'OK' button is at the bottom of the pop-up. The bottom of the main window has a status bar with the text 'Click if the Proxy Form is to be generated.' and 'Record: 1/1'.

Arizona WIC Program - [Food Packages]

File Edit Item Record Query Window Help

5.0.01/Uat30/3001

Family ID: 052744489 Authorized Rep1 Last Name: TEST Authorized Rep1 First Name: BIMI MI1: MI2: Pickup Interval: 2

Client

Client ID: 1300012805 Last Name: First Name: MI1: MI2: Category: C3

Pickup Day: 51 SECOND S

Food Packages

Certification: 09/01

Food Package Desc: AA020431 FFP 4-SK AA020431 FFP 4-SK

Comment:

Generate Forms

Select to Print the Forms

☐ Proxy Form

☐ Certification Record

☐ Participant Rights and Responsibilities

☐ WIC Program Complaint ☐ Anonymous

OK

Family Client Reg Cert Action Medical Health Diet Assess Care Plan **Food Pkg**

Click if the Proxy Form is to be generated.

Record: 1/1 <OSC> <DBG>

WIC University Training Manual

Once you are in the On Demand screen, you will get the pop-up shown below if the participant was breastfeeding at their last appointment.

The screenshot shows the 'Arizona WIC Program - [On Demand Food Instruments]' window. The 'Client' tab is active. A 'Forms' dialog box is open, asking: 'Is Client 34300013129 still breastfeeding?'. The dialog has 'Yes' and 'No' buttons. In the background, the 'Client' form shows 'Client ID' and 'Family ID' fields, an 'Issue' dropdown set to 'Month', and a 'Breastfeeding Promo' button. A table with columns 'Issue (Y/N)', 'Client ID', 'Last Name', 'First Name', 'M1', 'M2', 'Late Pickup (Y/N)', 'Record Status', and 'Pick Up Intervals' is visible. The status bar at the bottom shows 'Record: 1/1' and '<OSC> <DBG>'.

Choose the appropriate Yes or No answer. You will then get the pop-up shown below. Choose the appropriate answers to the Breastfeeding Surveillance questions.

The screenshot shows the 'Arizona WIC Program - [On Demand Food Instruments]' window. The 'Client' tab is active. A 'Breastfeeding Surveillance' dialog box is open. It contains the following questions and options:

- 1. Is this infant/child currently breastfeeding? ☐ No ☐ Yes
- 2. Has this infant/child ever breastfed? ☐ No ☐ Yes
- 3. How old was this infant/child when he/she completely stopped breastfeeding?
 Days Weeks Months
- 4. Why did you stop breastfeeding?
- 5. How old was this infant/child when he/she was first fed something other than breast milk?
☐ Not Applicable, Nothing Given
 Days Weeks Months

An 'OK' button is at the bottom of the dialog. The background shows the 'Client' form with 'Client ID' and 'Family ID' fields, and a table with columns 'Issue (Y/N)', 'Client ID', 'Last Name', 'First Name', 'M1', 'M2', 'Late Pickup (Y/N)', 'Record Status', and 'Pick Up Intervals'. The status bar at the bottom shows 'Record: 1/1' and '<OSC> <DBG>'.

WIC University Training Manual

Now you are at the On Demand screen, which has many functions. You can issue a single participant's or an entire family's Food Instruments. You can choose what month's Food Instruments you want to print. You can also change the pickup interval, preview the Food Instruments and jump to the Appointment Scheduler.

Arizona WIC Program - [On Demand Food Instruments]

File Edit Item Record Query Window Help

5.1.05|Uat30|3034

Client

☐ Client Issuance
☒ Family Issuance

Client ID:

Family ID:

Issue Month:

| Issue (Y/N) | Client ID | Last Name | First Name | MI1 | MI2 | Late Pickup (Y/N) | Record Status | Pick Up Intervals |
|-------------------------------------|-------------|-----------|------------|-----|-----|--------------------------|---------------|------------------------------------|
| <input checked="" type="checkbox"/> | 34300013129 | DAWSON | ROBERTA | | | <input type="checkbox"/> | A | 2 <input type="button" value="↓"/> |
| <input checked="" type="checkbox"/> | 34300013254 | DAWSON | FRANK | | | <input type="checkbox"/> | A | 2 <input type="button" value="↓"/> |
| <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | <input type="button" value="↓"/> |
| <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | <input type="button" value="↓"/> |
| <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | <input type="button" value="↓"/> |

Select the Family ID from the list of values. Double click or press F2 to go to the client / family lookup for an existing family.
Record: 1/1

If you want to preview your Food Instruments before printing to make sure you have the correct package, click on the Preview button. See screen shot below.

If you are satisfied with the food package selected, click OK and then click on the Print button.

In-State Transfer and Food Instrument Issuance

Arizona WIC Program - [On Demand Food Instruments]

File Edit Item Record Query Window Help

7.0.01 |Uattuc|2701

Client

☒ Client Issuance
☐ Family Issuance
☐ Class Issuance

Client ID:
 Family ID:
 Class ID:

Issue Month:

Notes

| Issue (Y/N) | Client ID | Last Name |
|--------------------------|-----------|-----------|
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Forms

Client 1080036043 has already been issued food instruments in agency/clinic 08/01 for the month of August.

OK

Print Preview Appointments Classes

Record: 1/1 <OSC> <DBG>

If a client has transferred from another Arizona WIC Local Agency, you will get the above pop-up to tell you that they have valid Food Instruments from the other agency. Therefore, they are not eligible to receive Food Instruments until after those Food Instrument 'use by' dates have passed.

Special Formula Approval

Certain food packages require approval of a nutritionist, physician or both. This information is indicated in the **Approval** field on the **Standard-Food Package** pop-up. AIM allows the user to issue at least one month of FIs without approval. Issuing FIs without approval should only be used when the nutritionist is completely unavailable.

Once a food package that requires approval is saved, click the On Demand button. A message will be displayed stating:

“The prescribed food package requires approval.”

When producing FIs for this participant, the system will override the pickup interval of two or three and produce a **single month’s FIs**. This is a reminder of the “conditional” approval.

SPECIAL FORMULA APPROVAL BY NUTRITIONISTS-

The nutritionist authorized to approve formula must log on to the AIM system using their unique User ID and Password.

Access the **Food Package** screen and query the participant into the window.

Click in the **Food Package** field. The **Approval** checkboxes will be enabled.

Check the appropriate box. If both the Physician and Nutritionist approval is required and the participant has brought a prescription for the requested formula, then both boxes need to be checked.

The User ID will be auto-filled in the “Nutritionist” field based on who logged in.

Nutritionists will enter the actual “Approved thru” date for special formula based on the prescription, not to exceed the Cert End date. They will change the food package end date to match the prescription’s approved end date. An additional line in the food package screen may be needed to cover the entire certification period; however that second line will also need to be approved if that is for a special formula.

If the prescription is valid past the Cert End date, the nutritionist should leave a note in the participant’s AIM record stating when the prescription expires.

Formula Replacement

An infant's formula may change after FIs have been issued and cashed. You may do a formula replacement for the FIs still in the participant's possession. Before we learn how to replace the FI(s), it is important that we understand some basic business rules.

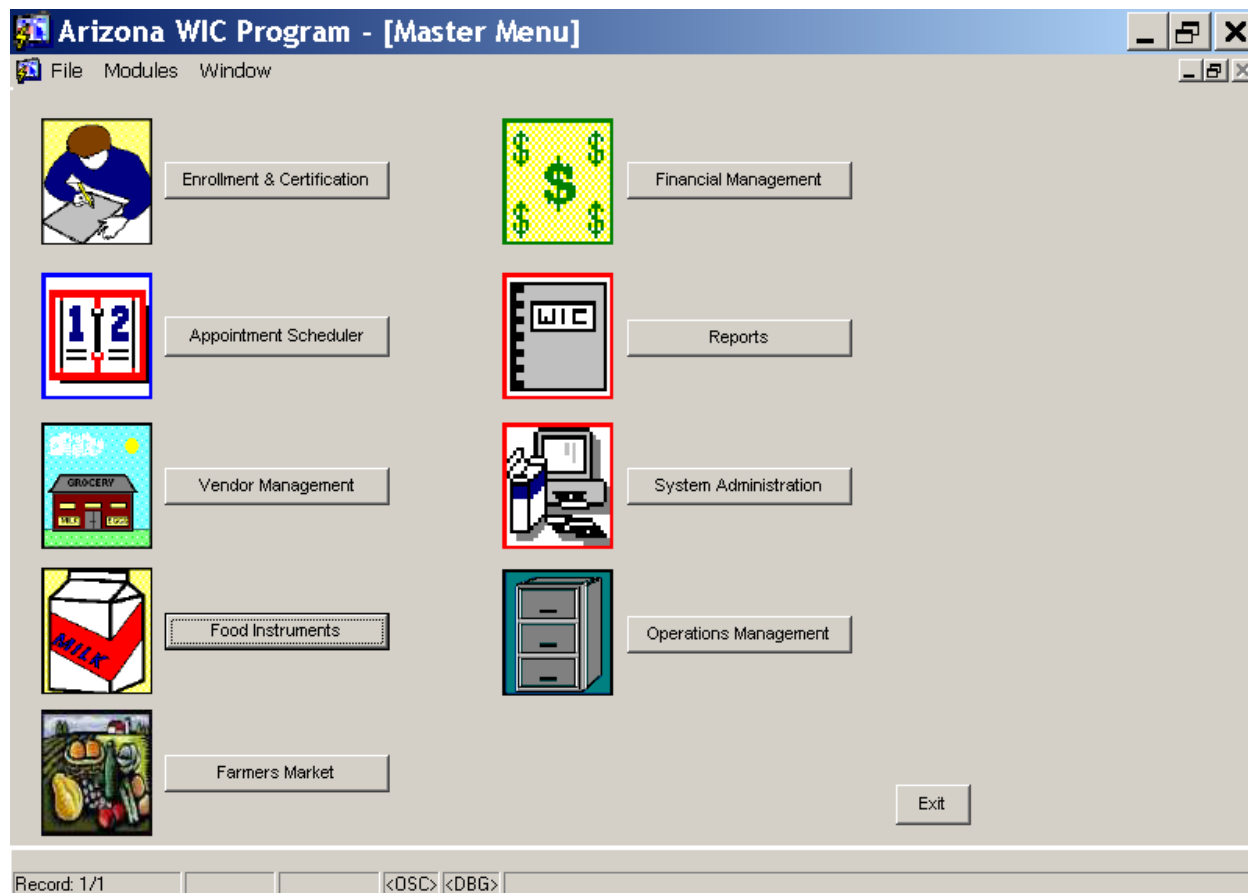
1. If the authorized representative has not cashed any of the FIs for the month, you may disable the food package, void the FIs and reissue the entire food package; a formula replacement is not needed.
2. If the authorized representative has cashed some but not all of the FIs, the following conditions must be present:
 - a. The initial food package must contain two or more "formula" FIs.
 - b. The participant must have at least one un-cashed FI in their possession.
 - c. A new food package for formula must be selected.
3. FIs cannot be replaced for food packages that do not contain formula.
4. FIs cannot be replaced if all formula FIs in the food package have been cashed.

Formula Replacement

There are different methods that may be used to do formula replacement, depending on what you need to do.

Method 1: Replacing checks for the same food package. (This method may be used if FIs print incorrectly)

1. Click on the “Food Instrument” button from the **Master Menu**, which is shown below.



2. Click on FI Processing

3. Click on Void / Return Food Instruments

4. Type in the client ID number. All food checks that have been issued to the client for this Certification and not yet processed by the bank will be shown.

5. Find the check you wish to replace, select an appropriate void reason from the Void Reason LOV;

6. Click the 'Reissue' checkmark in the same row, then click the 'Reissue' button at the bottom of the screen. The replacement check(s) will print.

Method two:

Step-by-Step Instructions for an alternate formula replacement method (for example- if you want to change the food package and print checks for a different type of formula):

1. Log on to AIM.
2. Click on the **Enrollment & Certification** module.
3. Click **Certification Info** on the **Enrollment & Certification** menu.
4. Click **Nutrition Eligibility** and then select **Food Package**.
5. Enter Client ID and run query. Client information is displayed.
6. Tab to **Food Package** section and check the **Disable** box to disable the food package you want to replace.
7. Assign the new food package, making sure that the effective date and the end date of the new food package are the same as the old food package.
8. Save your changes.
9. A message is displayed:
 - **You will need to void the returned FI's prior to issuing a new package, would you like to go to the void FI screen now? Yes No**
10. Select Yes.

WIC University Training Manual

Arizona WIC Program - [Food Packages]

File Edit Item Record Query Window Help

7.0.05|Trnst|4515

Family ID: 070740152 Authorized Rep1 Last Name: ARIZONA Authorized Rep1 First Name: CLARA MI1: MI2: Pickup Interval: 2

Client

Client ID: 15450002684 Last Name: ARIZONA First Name: CLARA MI1: MI2: Category: EN

Pickup Day: 55 THIRD THURSDAY Pickup Interval: 2 BIMONTHLY Appt Scheduler: On Demand

Food Packages

Certification: 10/25/2007 07/24/2008 Symptoms:


| Food Package | Description | Effect. Date | End Date | Disable | Approved Thru | Approval Nutr. | Phys. |
|--------------|---|--------------|------------|-------------------------------------|---------------|----------------|-------|
| AA060331 | FFP 7-SKIM/ LOW FAT 1% MILK, 7 GAL/1 LB C | 10/25/2007 | 07/24/2008 | <input checked="" type="checkbox"/> | | | |
| AA060332 | FFP 7-SKIM/ LOW FAT 1% MILK, 6 GAL/2 LB C | 10/25/2007 | 07/24/2008 | <input type="checkbox"/> | | | |

Comment:

Family Client Reg Cert Action Medical Health

The Food Pattern code. Record: 0/2 <OSC> <DBG>

Forms

 You will need to void the returned FI's prior to issuing a new package, would you like to go to the void FI screen now?

Yes No

11. This will automatically take you to the **Void / Return Food Instruments** screen.
12. Use the **Display** button to view the FIs and determine which FI you want to replace (it must contain formula).
13. Press the **Formula Replacement** button.
14. The **Formula Replacement** screen is displayed with all potential FIs for replacement displayed.

Arizona WIC Program - [Void/Return Food Instruments]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Client

Client ID: 10450000009 Last Name: BAKER First Name: CAITLIN MI1 MI2

Food Instruments

| | FI Number | First Date To Use | Last Date To Use | Status | Void Reason | Reissue |
|---------|------------|-------------------|------------------|--------------------|-------------|---------|
| Display | 0000175011 | 08/27/2003 | 09/12/2003 | ISSUED, NOT CASHED | | |
| Display | 0000175012 | 08/27/2003 | 09/12/2003 | ISSUED, NOT CASHED | | |
| Display | | | | | | |
| Display | | | | | | |
| Display | | | | | | |
| Display | | | | | | |
| Display | | | | | | |
| Display | | | | | | |
| Display | | | | | | |
| Display | | | | | | |

Formula Replacement Reissue

The client ID. Double click or press F2 to go to the client/family lookup for an existing client.

Record: 1/1 <OSC> <DBG>

Void / Return Food Instruments screen

15. You may again use the **Display** button to identify the FI you want to replace.
16. Click the **Replace** button next to the FI you wish to replace.
17. The **Select Food Package FI Type** pop-up is displayed.

Client

Client ID: 10450000009 | Last Name: BAKER | First Name: CAITLIN | MI1: | MI2: |

Food Instruments

| | FI Number | First Date To Use | Last Date To Use | Status | Formula Return | Reissue |
|---------|------------|-------------------|------------------|--------------------|----------------|--------------------------|
| Display | 0000175011 | 08/27/2003 | 09/12/2003 | ISSUED, NOT CASHED | Replace | <input type="checkbox"/> |
| Display | 0000175012 | 08/27/2003 | 09/12/2003 | ISSUED, NOT CASHED | Replace | <input type="checkbox"/> |
| Display | | | | | Replace | <input type="checkbox"/> |

Select Food Package FI Type

Food Package Information

| Food Package | FI Type | Effective Date | End Date |
|--------------|---|----------------|------------|
| AA904600 | DUOCAL 2 CAN, ENFAMIL PWD 7 CAN, CHILD, CEF | 03/09/2003 | 09/08/2003 |
| | | | |
| | | | |

Food Package FI Type Sequence Select FI Type

| Food Package | FI Type | Sequence | Preview | Select FI Type |
|--------------|----------|----------|---------|--------------------------|
| AA904600 | 002053AA | 1 | Preview | <input type="checkbox"/> |
| AA904600 | 002141AA | 2 | Preview | <input type="checkbox"/> |
| AA904600 | 000532AA | 3 | Preview | <input type="checkbox"/> |
| AA904600 | 002142AA | 4 | Preview | <input type="checkbox"/> |

Cancel OK

The Food Pattern code.
Record: 1/1 | <OSC> <DBG>

Select Food Package FI Type Pop-Up

All food packages not disabled are displayed in the **Food Package Information** section.

18. Select the appropriate food package by clicking on the food package ID (i.e., AA904600).

The **Food Package, FI Type and Sequence** are displayed below the food package information.

19. Use the **Preview** button to determine the correct FI you want to use as the replacement (it must contain formula).

20. Check the **Select FI Type** box next to the correct FIs.

21. Click **OK**.

23. Check the **Reissue** box and click the **Reissue** button. The new FI will be printed. Repeat the process if there is more than one FI to replace.

24. Click **OK**. The new FI is now displayed in the **Food Instruments** section of the **Void/Return Food Instruments** screen.

The replaced Food Instrument has been automatically voided with the void reason of "replaced/food package."

25. Exit the screen.

Food Instrument Replacement and Voids

Other states may replace lost or stolen Food Instruments, but the Arizona WIC Program does not replace them, so remind your participants to treat their Food Instrument as they would cash. But it may happen occasionally that you need to replace Food Instruments, whether the printer doesn't produce them or prints them incorrectly or the participant changes their mind while still in your office or you select the wrong package.

Step-by-Step Instructions for voiding and replacing Food Instruments:

1. Log on to AIM.
2. Click on the **Food Instruments** module.
3. Click **Void / Return Food Instruments** on the **FI Processing** menu.
4. Enter the client's ID number and query; this will bring up a list of the Food Instruments that have been issued to the client. If you don't have the client's ID number, double click in the Client ID field to take you to the **Client / Family Search** screen to look up the client. Once you have searched for them, double click in their Client ID to take you back **the Void / Return Food Instruments** screen. Their Food Instrument numbers should be displayed.
5. Choose either Void Reason D (Replaced / Food Package Change) or G (Misprinted Text).
6. Check the Reissue checkbox next to the Void Reason and click the Reissue button at the bottom of the screen.
7. The new Food Instruments will now print.
8. ****If you don't want the same food package to be reissued**, don't check (or uncheck if necessary) the Reissue checkbox next to the Void Reason, save the screen (clicking Yes to the pop-up telling you that you won't be able to reissue those checks because you don't have them marked for reissue), return to the Food Package screen and click the Disable checkbox next to the food package that you just voided. Select a new food package and issue the Food Instruments as usual.

Anatomy of a Food Package

FOOD PACKAGES

Searching for a package in the **Lookup Screen** of the **Standard-Food Package** button.

There are many food packages in the AIM system. Using the **Standard Food Package** button, infant food packages will be displayed in alphabetical order. You will need to scroll down to see the appropriate food package.

You can search for the correct food package for your participant by using the **Food Package Search** screen. It is best to search by the food package description. Remember to use the percent sign (%), or wild card, to assist in your search.

For example, to find an Enfamil powdered formula package, you can enter the following information into the search field: %ENFAMIL% %PWD%. You will get all the powdered Enfamil packages available for my participant's category.

As you use AIM more, you will begin to understand how packages are named. Here is an overview, but do not worry about memorizing it.

Ability to type in food package number-You have the option to type in the food package ID number in the food package prescription screen.

Arizona WIC Program - [Food Packages]

File Edit Item Record Query Window Help

5.0.01|Uat30|3001

Family ID: 052744489 Authorized Rep1 Last Name: TEST Authorized Rep1 First Name: BMI MI1: MI2: Pickup Interval: 2

Client

Client ID: 1300012078 Last Name: TEST First Name: BABY MI1: MI2: Category: C2

Pickup Day: \$5 SECOND THURSDAY Pickup Interval: 3 TRIMONTHLY Appt Scheduler: On Demand

Food Packages

Certification: 06/30/2005 12/31/2005 Symptoms

| Food Package | Description | Effect. Date | End Date | Disable | Approval | Approved Thru |
|--------------|--|--------------|------------|---------|----------|---------------|
| AA020430 | FFP 4-SKIM/1%, 5 GAL/0 LB CHEESE C3 | 06/30/2005 | 12/22/2005 | | | |
| AA902644 | ENFAMIL 32 OZ RTF, 28 CAN, EXTRA FORML | 12/23/2005 | 12/31/2005 | | | |
| AA90 | | 06/30/2005 | 12/31/2005 | | | |

Comment: Nutritionist: Custom History Standard

Family Client Reg Cert Action Medical Health Diet Assess Care Plan **Food Pkg**

The Food Pattern code. Record: 3/3 <OSC> <DBG>

FORMULA PACKAGES

Formula Package Descriptions are named as follows:

1. The Name of the Formula (No Manufacturer name).
2. The Form: RTF=Ready to Feed, PWD=Powdered, CONC=Concentrate
3. The number of cans of formula in the package.
4. The Participant Category it can be assigned to.
5. And/Or The description of the type of juice and cereal included:
INF JC / CRL = Infant juice and Infant cereal, ADLT JC / CRL = Adult juice and adult cereal, and sometimes NO JC / CRL = No Juice or cereal.

Here is an example of a formula package:

| Package Code | Package Description |
|--------------|---|
| AA952522 | ENFAMIL LIPIL W/ IRON, PWD, 2 CANS, INF. 0-5 MOS. |

NOTE: Powdered formula is the standard and preferred form for most healthy infants. However, rebated concentrate formulas may be given with written prescription OR with RD / nutritionist approval to meet client needs if there is no prescription.

Ready-to-feed formula is to be given to premature or low birth weight (LBW) infants up to 6 months corrected age and / or immune compromised infants. Powdered formulas can only be given, if and only if, the healthcare provider provides a written prescription specifically for the powdered form. This prescription needs to be filed at the Local Agency and documented in AIM.

MILK PACKAGES

As stated previously, a participant's category helps to determine the appropriate foods to give to a participant.

Our milk package descriptions are as follows:

1. The Federal Food Package Code:
FFP 4 = Child package
FFP 5 = Postpartum (not breastfeeding) package
FFP 6 = Pregnant package
FFP 7 = Breastfeeding package
2. Milk type:
SKIM / 1% = Participant can get skim or 1% milk
2% = Participant can get 2% milk only
WHOLE = Participant can get whole milk only
3. Milk amount: This is generally in gallon amounts

WIC University Training Manual

4. Cheese amount: This is in pounds; clients can receive up to 2 pounds, depending on category and situation.
5. The specific categories that can receive the package: C1, C2, C3, C4, P / P (postpartum) and half P / P (half postpartum)

Food Package Guidelines

All children shall be prescribed a food package that meets the participants' nutritional needs. Children not requiring a special needs food package shall be offered the standard food package.

Food Package tailoring (possibly less than full package amounts) is the preferred standard when issuing food packages to participants.

Full food packages will be made available for all categories, if requested. Keep in mind that this package should only be issued upon request and should not be encouraged or offered. If the parent or caregiver of the participant requests a full food package, the CNW will explain that the purpose of the tailored package is for health reasons and is according to Arizona WIC's Best Practice guidelines. If the parent insists on this choice, then issue the full food package and use this time to provide appropriate nutrition education. The CNW will then record the reason for the full food package issuance in the Comments section of the AIM Food Package screen.

SPECIAL PACKAGES

The postpartum half package:

The postpartum half package is provided to a postpartum mother who has completely stopped breastfeeding and her baby is over six months old. Issue the package and then change the category to postpartum to terminate her certification.

IEN packages:

To ensure that exclusively breastfeeding participants are counted in AIM's participation reports, be sure to assign the following packages to them:

IEN 0-6 months:

Assign package AA900888 – INFANTS 0-5 MONTHS WHO DO NOT RECEIVE FI'S

IEN 6-11 months:

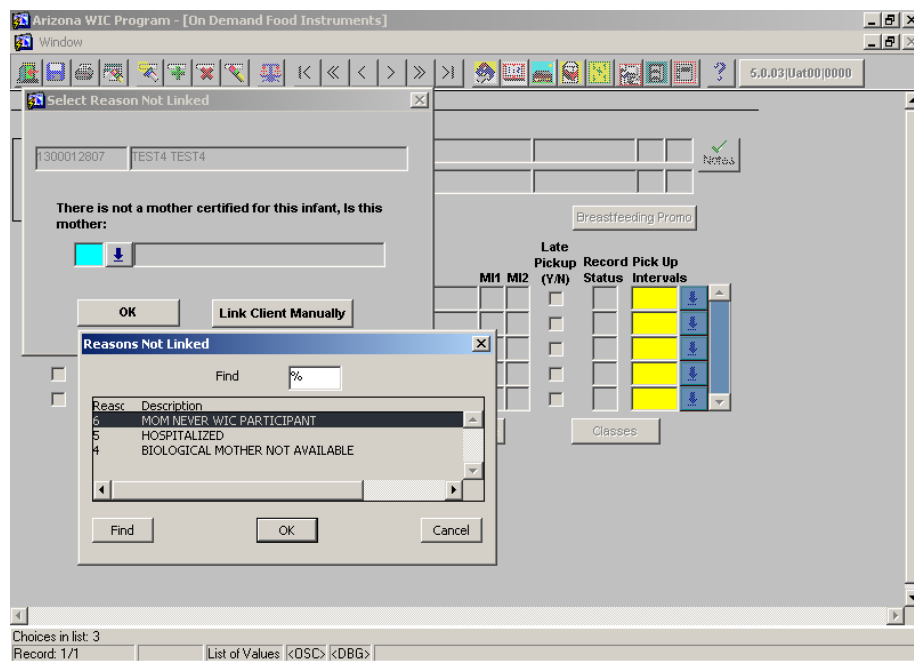
Assign package AA900701 – JUICE AND CEREAL, INFANTS 6-12 MONTHS

Note: These packages will not produce any FIs.

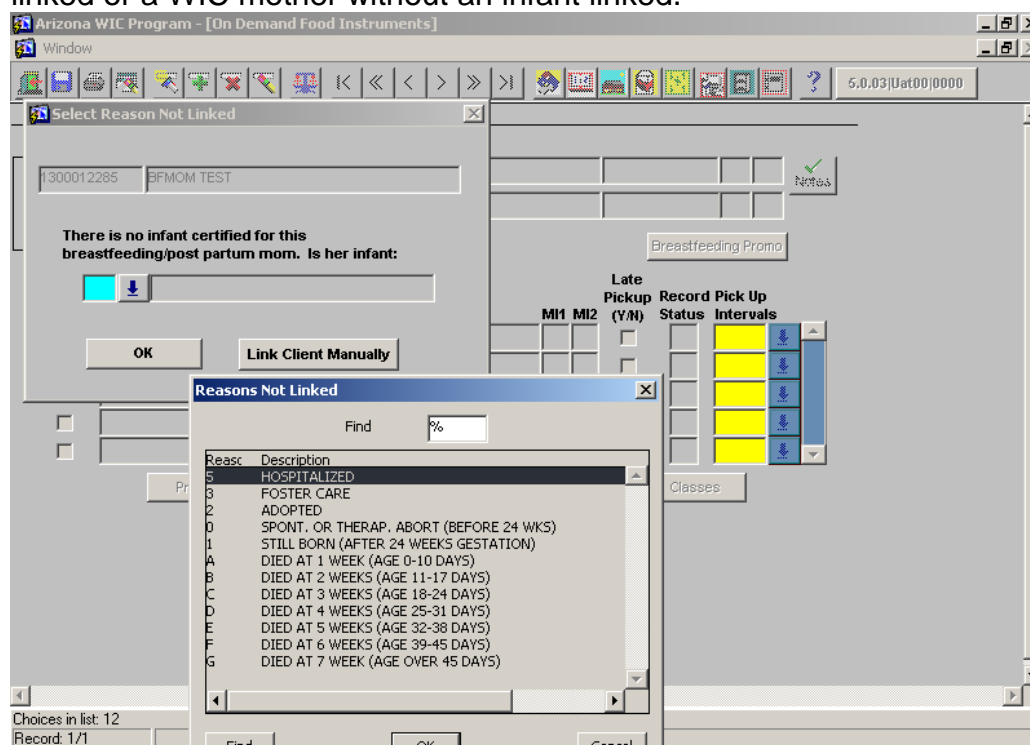
| CODE BEGINS WITH: | PACKAGE TYPE |
|-------------------|---|
| AA0 | Milk Package |
| AA2 | Lactose Reduced Milk Package |
| AA3 and AA4 | Evaporated Milk and/or Non-Fat Dry Milk Package |
| AA7 | Long Shelf Life Package (LSL Milk and individual, ready-to-serve juice instead of regular milk and frozen or large containers of juice) |
| AA8 | No Milk Packages (contain everything except the milk) Vegan Packages (contain everything except the milk, cheese, and eggs). |
| AA9 | Formula Packages |

LINKING MOTHERS AND INFANTS-

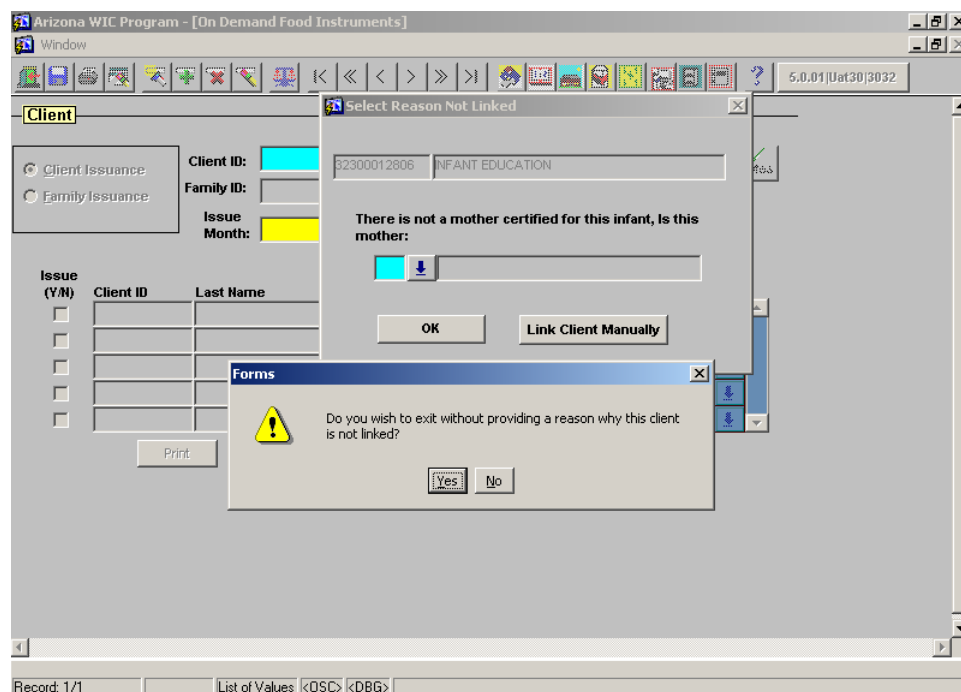
AIM requires that the records of mothers and infants are linked. If a WIC infant is not linked to a mother, this pop-up will open in the On Demand screen. A reason should be selected if there is no mom on WIC connected to the infant. (see below)



If a WIC mother does not have a linked infant, this pop-up will open in the On Demand screen. Notice that the LOV offers different reasons for the WIC infant without a mother linked or a WIC mother without an infant linked.



The user can also select “Link Client Manually” and return to the Client Reg screen and enter the mother’s ID into the infant’s record.



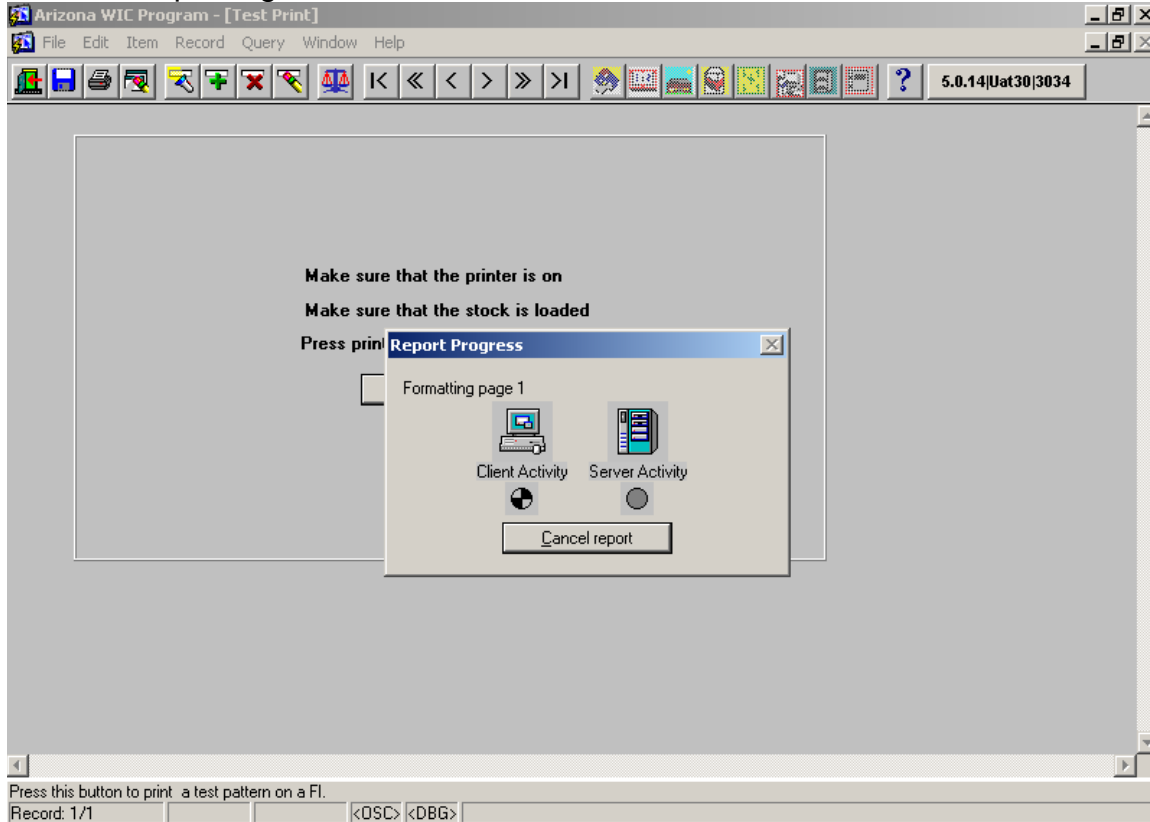
Printing your Food Instruments

Printing is done in FOUR stages in Citrix. Please be patient and let all four stages complete before trying to continue. Here are the four stages.

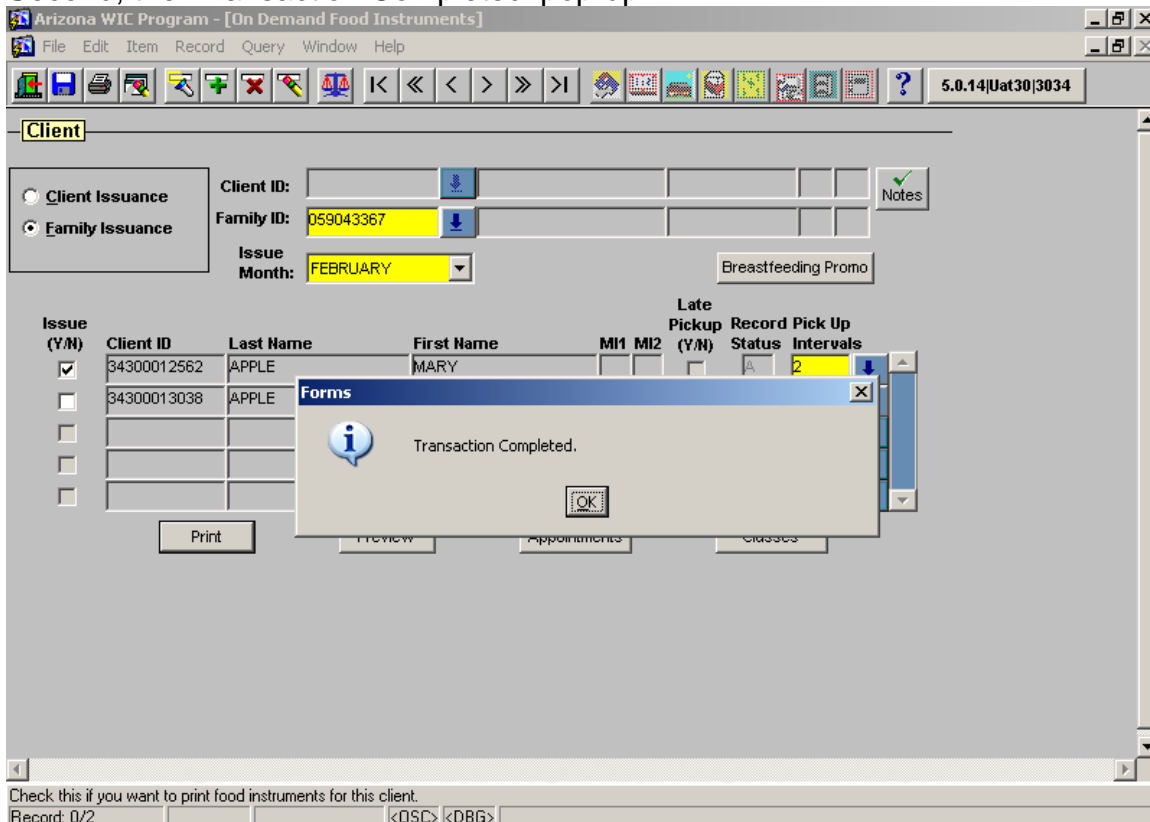
From the On Demand screen, when you select Print you will first get the wheels turning, then you will get the ‘Transaction Completed’ pop-up, then you will get the Citrix spooling message, then you will get a pop-up where you will have to select a printer, then you get the wheels again, and you are done. Sounds like a lot of steps, but they are quick. After you print the first time, the screens will be faster and more seamless.

WIC University Training Manual

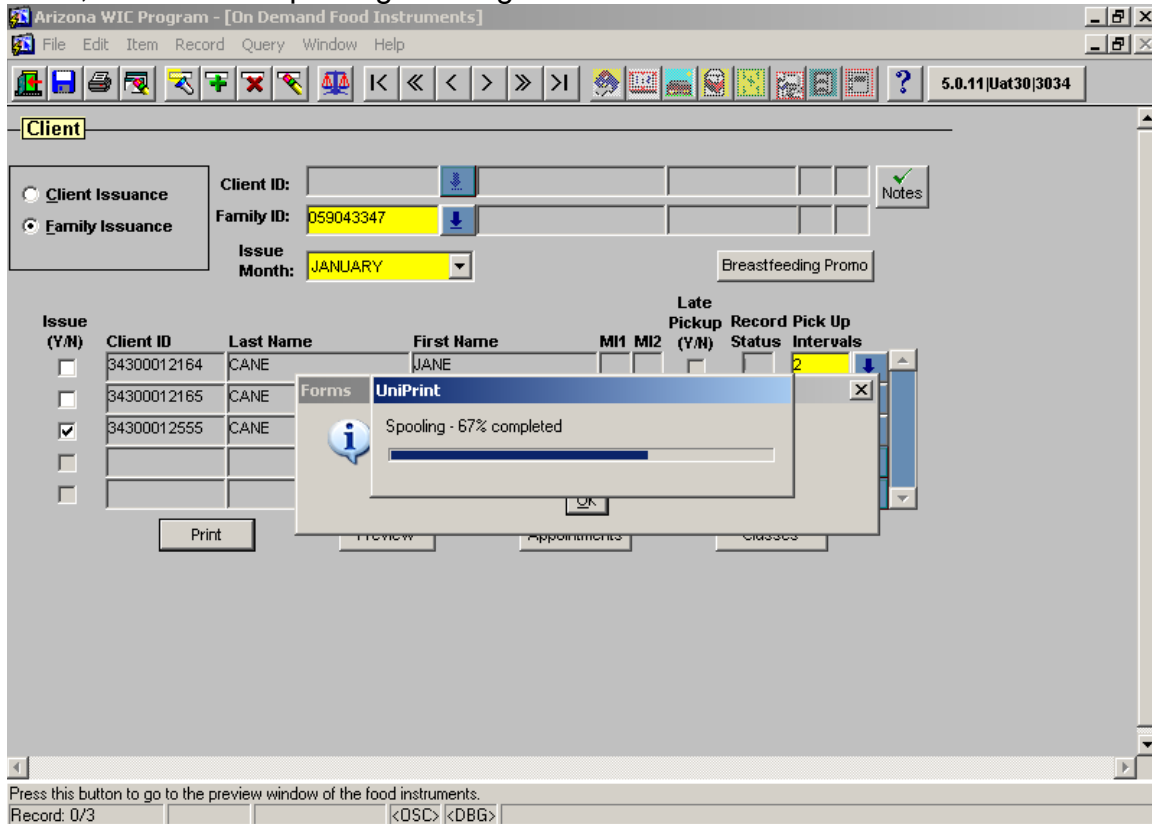
First – the spinning of the wheels.



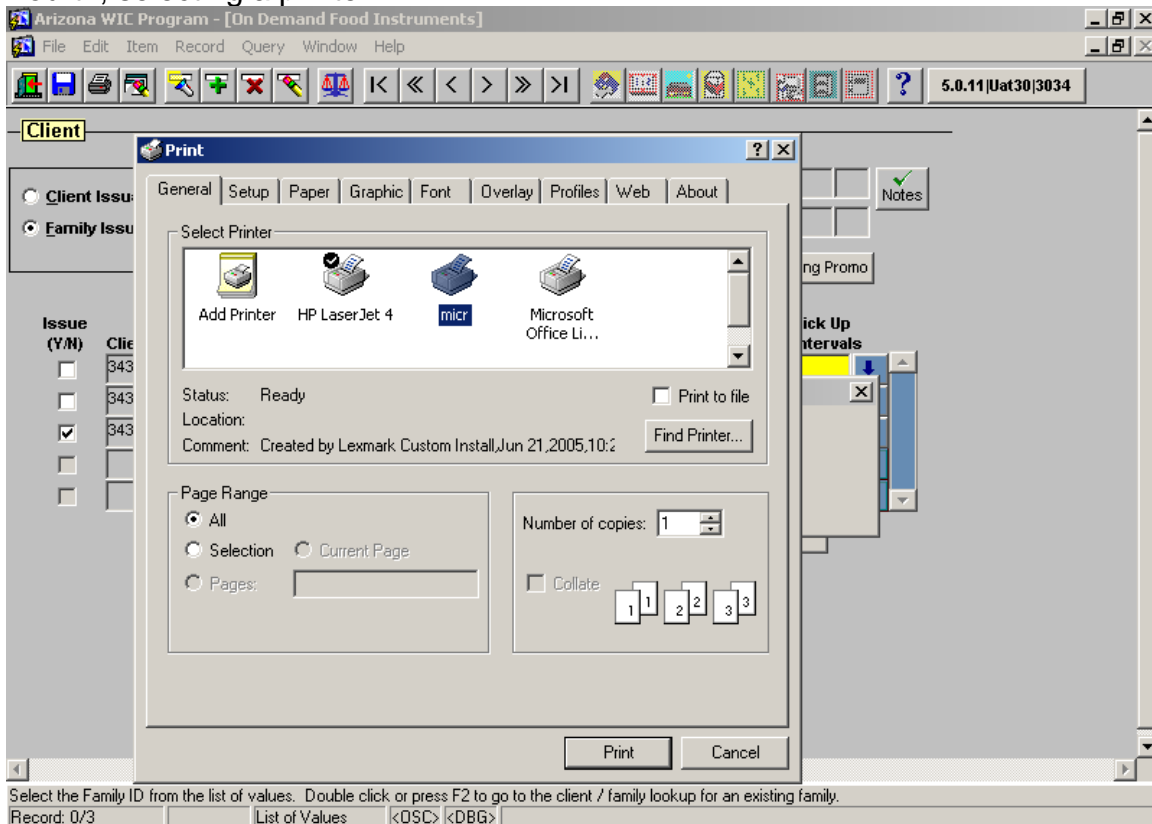
Second, the 'Transaction Completed' pop-up



Third, the UniPrint spooling message.



Fourth, selecting a printer.



This printer window will appear **EVERY** time the user selects the print button. You will need to be cautious when selecting a printer icon from this window.

Always select MICR printer for Food Instruments.

For all other printing, you will have to select the printer identified as your document printer for your clinic.

When you select the printer you want, the wheels will spin again and you are done.

Education on Food Instrument Use

Now that you have printed your participant's Food Instruments, you will need to educate them on how to redeem them. Provide them with:

- an Arizona WIC ID folder, which they must sign or X (initials are acceptable)
- an authorized food list (English or Spanish, as appropriate)
- authorized vendor list (stores in your local area / agency where they can redeem their Food Instruments)

You will also talk with them about the need for them to do the following:

- separate the WIC foods by Food Instrument from other foods at checkout;
- inform the cashier that they are using WIC Food Instruments;
- present Food Instruments & ID folder to the cashier;
- verify amount & date of use written on the Food Instrument;
- sign the Food Instrument after verifying amount & date.

They should understand why they are receiving more than one month of Food Instruments, if appropriate. Since Arizona WIC doesn't replace lost or stolen Food Instruments, they also need to understand that they should treat Food Instruments like cash and keep them safe.

1. Place their future month's Food Instruments in the yellow (or other appropriate) folder for safekeeping.
2. Explain the importance of redeeming the Food Instruments with the 'First Date to Use' and 'Last Date to Use.'
3. Explain that they are not allowed to exchange the Food Instrument or foods purchased with it for cash, non-authorized food items or credit.
4. Make them aware of the WIC vendor and client complaint hotline, which has replaced the complaint cards that used to be used. It is listed on their WIC ID folder; the number is **1(866)229-6561**.

Chapter 4: Pre-certification

This chapter describes the process involved with making a new appointment for a potential WIC participant and the steps involved in their pre-certification.

Section 1: Precertification

Section 2: In-State Transfer

Section 3: Out-of-State Transfer

Section 4: Moving a Participant from One Family to Another

Section 1: Precertification

- Federal Regulations – The WIC Program is administered under the guidance of the United States Department of Agriculture (USDA). It is a USDA rule that pregnant women, infants under 6 months of age and migrant individuals must be screened within 10 calendar days of their request for a WIC appointment (in person or by phone). All other potential participants must be screened within 20 days of their request for a WIC appointment.

You will begin the precertification process once it is determined that a participant is not in the AIM system (Client / Family Lookup). The precertification process is necessary in order to create an appointment for a potential participant. The family unit and each participant need ID numbers to link them in the AIM system in order to make an appointment.

Step-by-Step Instructions:

Log on to the AIM system.

Click the **Enrollment and Certification** module pushbutton.

Click **Certification Info** from the menu bar.

Click **Cert Action** from the drop-down menu, then click on **Precertification**.

Arizona WIC Program - [Precertification (Cert Action)]

File Edit Item Record Query Window Help

8.0.12|Aimcen|0000

Family

Family ID: [] Clinic: []

Is this client Pregnant? ☐ Walk-In ☐ Migrant? ☐ Yes ☐ No ☐ Phone ☐ Yes ☒ No

Authorized Rep 1 Last Name: [] Authorized Rep 1 First Name: [] MI1: [] MI2: [] Appt Scheduler: []

Mailing Address: [] Street Address: []

City: [] City: []

County: [] State: [] Zip: [] County: [] State: [] Zip: []

Eligibility

Family Size: [] Income: [0.00] Income Family: [] Adjunct Eligibility: [] Phone / Confidentiality: [] Languages: []

Applicant

| Applicant ID | Applicant Last Name | Applicant First Name | MI1 | MI2 | Birth Date | Cat. | Exp. Pri. | Fost. WL | Inc. Child | Adj. Elig. |
|--------------|---------------------|----------------------|-----|-----|------------|------|-----------|----------|------------|------------|
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |

The Family ID is system generated. Double click or press F2 to go to the Client/Family Lookup for an existing family.

Record: 1/1 List of Values <OSC> <DBG>

Tab off the **Family ID** field. The AIM system will automatically generate and fill in the number. The **Family ID** is used to link all members of the family together. The **Clinic** field will be generated with your clinic number and name. This is determined by how you log into AIM.

Tab to the **Pregnant Client** radio button. Mark Yes or No, as appropriate. The **Mailing Address** fields become mandatory if the client is pregnant.

Tab to the **Walk-In** or **Phone** radio button. Select the appropriate choice for how pre-certification contact was made. Also, select Yes or No to answer whether the applicant is a **Migrant**.

Note: the **Street Address** will auto-fill with the same address as the Mailing Address. If the **Street Address** is different, tab to the field and enter the correct address.

The **City** may be selected from the LOV or is automatically filled in if the **ZIP** field is entered.

Tab to the **Eligibility** section of the screen. Fill in the **Family Size** as appropriate. Press the Tab Key. You are on the **Income Family** button. You will return to this button in a few minutes.

Notice the **Adjunct Eligibility** button next to the **Income Family** button is not activated. Once you enter information on a specific applicant in the **Applicant** section, this button will become available for you.

This pushbutton is an optional field in the **Precertification** screen, but is mandatory in the **Client Registration** screen of the **Enrollment and Certification** module.

Tab to the **Phone / Confidentiality** button.

Press the **Enter** key to open the **Phone** pop-up.

Precertification Phone Pop-Up

You only need to enter numbers (no formatting needed), starting with the area code. The system will display the number in the correct format (XXX)XXX-XXXX once you tab to the next field. **Ext.** is not mandatory, but **Phone Type** is required.

Tab to the **Phone Type** field.

Click the LOV button to get the drop-down list of phone types.
Click the appropriate type.
Click **OK** to save the information and close the drop-down list.

Mandatory: The **No Mailings** and **No Phone Calls** checkboxes allow you to document if the participant does not want any mailings or calls from the WIC program. You must ask every new applicant if they want to be contacted by the WIC program.

Clicking in the boxes will insert a checkmark. This would indicate the participant should not receive any mailings or phone calls.

The **Auto Dialer** function is not currently used in Arizona.

Click **OK** to save your information and close the pop-up.

The **Languages** button is where you enter the language(s) of the Authorized Representative. In some local agencies, this may affect which staff member the family will be scheduled with in the Appointment Scheduler. When a language other than English is chosen as the primary language, the 'Translator' box becomes enabled; check the checkmark if a translator will be needed to communicate with the client. (This may not apply to agencies that have many bilingual staff members.) Also, the primary language tells AIM in what language to print forms. AIM can only print in English and Spanish. If a language other than English or Spanish is chosen, AIM will print in English.

Click in the **Applicant ID field**. Tab to the next field for the AIM system to automatically generate an ID number.

Last and first name are mandatory.
Middle initials are optional, but completing the field will help reduce duplicate participant information, especially with common names.

Tab to **Birth Date** and enter the date, using the correct format MMDDYYYY.
Press the tab key. The date is now displayed as MM/DD/YYYY. Tab again to get to the **Cat.** (Category field).
Click the LOV to get the drop-down list.

The **Exp. Pri** field (Expected Priority) will default to a "1" for infants and pregnant or breastfeeding women, and a "3" for children and postpartum women.

The **WL** (Wait List) field will be checked if the expected priority and category are not currently being served.

You may override this field and remove the checkmark, if appropriate.

The **Fost. Child** (Foster Child) field is a box you will check if the child is in Foster Care.

If the box is checked, the system displays "Has the participant entered foster care within the last 6 months or changed foster homes within the last 6 months?"

If you respond Yes, then risk factor 903 is assigned when completing the certification process. If you respond No, no risk will be assigned.

The **Inc. Elig.** (Income Eligible) and the **Adj. Elig.** (Adjunct Eligible) are display-only fields that indicate if the applicant is eligible based on income or participation in a qualifying adjunct program.

Click the **Eligibility** pushbutton. The **Other Programs** pop-up will open.
Documenting adjunctive eligibility during precertification is optional.

Click the **Save** button to save all your work.

Income Eligibility

- The **Income Calculator** may be used during the precertification process for potentially income-ineligible participants. Check with your Local Agency WIC Director to learn your agency's policy. If your agency collects this information during Precertification, it will still need to be verified and documented during the applicant's screening appointment.
- Use of the **Income Calculator** is **optional** for **Precertification**, but it is **required** for the **Certification** process. All calculations can be done without having to use a pencil, paper, or calculator.

Arizona WIC Program - [Income Calculator]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Income Providers

☒ WIC ☐ Elderly

| Name | SSN |
|------------------|-----|
| PRIMARY PROVIDER | |
| | |
| | |
| | |

Income

| Interval | Amount | Source | Documentation | Monthly | Annual |
|----------|--------|--------|---------------|---------|----------|
| EWV | 800.00 | A | 1 | 1733.33 | 20800.00 |
| A | 0.00 | S | 4 | 0.00 | 0.00 |
| | | | | | |
| | | | | | |

Weekly Hours: Totals: 1733.33 20800.00

WIC Income Guidelines

Number In Family: 4

Unborn Counted: ☒

New Income Date: 08/26/2003

Calculator

Income Averaging

| Interval | Total | Average |
|----------|-------|---------|
| | | |

Amount

Enter the name of the income provider.

Record: 1/1 <OSC> <DBG>

Precertification Income Calculator Window

- Enter **Family Size** on the **Precertification** screen.
- Click the **Income Family** button to open the **Income Calculator** window.
- Click the **Name** field in the **Income Providers** section.

Last updated August 6, 2008

4. Note the field defaults to “Primary Provider.” You may leave it or delete and enter actual name of income provider, based on your agency’s preference.
5. Multiple providers should be entered on the additional lines.
6. SSN (Social Security Number) is NOT required.
7. Tab to the **Income** section – **Interval** field.
 - Click the LOV button to get the drop-down list of possible income intervals.
 - Click **OK** to save this selection and close the LOV.
8. Tab to the **Amount** field.
 - The dollar amount of the income is recorded in this field.
 - You may enter a decimal if needed.
 - You do not need to enter the \$ or commas. The correct format is XXX.XX.
9. Tab to the **Source** field and click the LOV button.
 - Select the appropriate source of income as told by the applicant.
 - Click **OK** to save your selection and close the LOV.
10. Tab to the **Documentation** field and click the LOV button.
 - Select the proof of income that the participant states they will bring into the appointment.
 - If “Forgot Documentation” is selected at the certification appointment, one month of FIs will be issued and the participant will need an appointment to bring in the documentation.
 - Click **OK** to save your selection and close the LOV.
11. The system will automatically calculate the monthly and annual income amounts based on the data entered.
12. If you entered multiple sources of income, the system will combine them and calculate the total.
13. If the applicant is over income, the AIM system will flash a message at the bottom of the window – **Income not Eligible.**

Click the “Number in Family” field in the WIC **Income Guideline Section**.

- The number of family members entered in the pre-cert window is carried over to this section.
- If the applicant is pregnant, the unborn baby should be counted as a family member, and the user needs to check the **Unborn Counted** box.

Note: If you are entering income for a Foster Child or a child who participates in AHCCCS (doesn't make whole family WIC-eligible), click your cursor in the bottom of the Precertification and the Income Family pushbutton will turn into Income Individual. This allows you to enter income information about that particular person without adding it to the rest of the family's income amount. Refer to page 46 for more information.

The **Income Averaging** section is an optional section that is helpful if the applicant's income varies from paycheck to paycheck.

1. Click the **Interval** LOV.
2. Choose the appropriate pay interval from the LOV.
3. Enter the total earnings for each pay interval in the **Amount** fields.
 - You may enter multiple amounts and a new line will automatically be generated if you use the down arrow or the Enter key.
 - Notice the numbers in the **Total** and **Average** fields change with each entry.
4. Once you have entered all income amounts, click **OK** in the **Income Averaging** section. The AIM system will auto-fill the **Interval** and **Amount** in the Income section at the top of the screen. You must then complete the **Source** and **Documentation** fields in the **Income** section.

Section 2: Transfer-In-State

The **Transfer-In-State** window is accessed for two types of transfers:

1. When a participant transfers from one clinic to another clinic within the same local agency.
2. When a participant transfers from in another Arizona WIC agency (not ITCA / NN).

Log into your agency and clinic "00", start to complete the Transfer-In-State screen and the client's information will show up in the Transfer Candidates pop-up. Be sure to choose the correct client's info. Always allow the receiving agency to complete the transfer; never 'send' the client's record if they tell you they are transferring.

If a client tells you they will be leaving the state or if another state notifies you that a former Arizona participant has transferred to their state, terminate them using term code J "Moved out of local agency."

1. Click the **Enrollment and Certification** pushbutton.
2. Click **Certification Info** on the menu bar.
3. Click **Cert Action** and select **Transfer-In-State** from the sub-menu. You are now at the **Transfer-In-State** window.

Arizona WIC Program - [Transfer - In State]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Transfer

☐ Client

☒ Family

Client

Client ID: [] Last Name: [] First Name: [] MI1: [] MI2: []

Birth Date: [] Category: [] Description: []

Family Economic Unit

Family ID: [] Authorized Rep1 Last Name: [] Authorized Rep1 First Name: [] MI1: [] MI2: []

New Residence

New Authorized Rep1 Last Name: [] Authorized Rep1 First Name: [] MI1: [] MI2: []

From: [] To Clinic ID: [] Description: [] Mailing Address: []

Communications: []

Phone / Confidentiality: []

Homeless: ☐ City: [] County: [] State: [] Zip: []

Comment: []

Transfer Candidates

Select the transfer type. Client transfers should not be done unless the client is a foster child or changing families.

Record: 1/1 <OSC> <DBG>

4. Click either the **Client** or **Family** radio button to transfer an individual participant or an entire family, respectively. Select the correct radio button at the top left corner of the window.
5. Enter the **Family ID** and / or the **Authorized Rep** name in the **Family Economic Unit** section.
If you select to transfer a single client, enter in any or all of the following in the Client section: **Client ID**, **Client name**, **Birth Date** and **Category**.
6. Tab to the section **New Residence** (bottom) section of the window.
7. Click the **From** LOV and select the clinic where the participant / family is currently assigned.
 - All Arizona WIC clinics will display in the LOV. It will be important to use the LOV to select a clinic rather than entering the clinic number since there can be multiple clinics in different agencies with the same number.

Example: A participant is transferring from the Marana WIC agency, Marana Health Center clinic with a clinic number of "01." There are several clinics throughout Arizona with a clinic number of "01." When the clinic number is entered, the AIM system will display the first "01" clinic in alphabetical order. In this example, if the user entered "01" into the **From** field, the Mohave agency, Kingman clinic would incorrectly display.

- The **From** field can be left blank if the clinic that the participant is transferring from is unknown.
8. Click the **To Clinic ID** LOV and select the clinic to which the participant / family is transferring.
 9. Check the **Homeless** box if appropriate; if you do, AIM will auto-fill in the address of the clinic. You can override AIM and enter in a mailing address. If the participant can provide an address for a friend or relative through which the participant can be contacted, this should be collected. If not, 'homeless' or the clinic's address should be used. Otherwise, enter the mailing address of the transferring participant.
 10. Click on the appropriate pushbutton to enter in the **Communications** and **Phone / Confidentiality** information as needed.
 11. Click the **Transfer Candidates** pushbutton. The **Transfer Candidates** pop-up will be populated with participant / family information that matches the transfer information entered.
 - When a client is selected as a transfer, all matching participants will appear in the **Transfer Candidates** pop-up.

- When a family is selected, only the matching family's Authorized Rep's name will appear in the pop-up. It will not display all of the individual family members.

Arizona WIC Program - [Transfer - In State]

File Edit Item Record Query Window Help

3.0.02d|Trng|4510

Transfer Client

Transfer Candidates

Local Clinic

| Agency ID | Family ID | Client ID | Last Name | First Name | MI1 | MI2 | Birth Date | Cat. | Transfer? |
|-----------|-----------|-----------|-----------|------------|-----|-----|------------|------|-------------------------------------|
| 13 | 57 | 011713190 | MUDD | JAMIE | | | | | <input checked="" type="checkbox"/> |
| 10 | 15 | 017374165 | MUDD | DALE | | | | | <input type="checkbox"/> |
| 10 | 15 | 017374166 | MUDD | CHARLES | | | | | <input type="checkbox"/> |
| 45 | 11 | 020717654 | MUDD | JESSICA | | | | | <input type="checkbox"/> |
| 45 | 12 | 020734835 | MUDD | JESSICA | | | | | <input type="checkbox"/> |
| 45 | 13 | 020736390 | MUDD | JESSICA | | | | | <input type="checkbox"/> |

Cancel Initiate Transfer

County: [] State: [] Zip: []

Comment: []

Transfer Candidates

Record: 1/? <OSC> <DBG>

Transfer Candidates Pop-Up

- Mark the **Transfer** checkbox beside the participant / family to be transferred.
- Click the **Initiate Transfer** pushbutton to perform the transfer of the selected participant / family to the new clinic.
- Click **OK** to acknowledge the Initiate Transfer message "This process may take several minutes. Press OK to start process."
- Once the transfer is complete, a message will appear stating, "Please review the Family Information window for accuracy." This is to remind you to verify the transfer information in your clinic. Click **OK** to close the message.
 - The **Transfer Candidates** pop-up window will close once the transfer is completed
- Exit** to the **Enrollment and Certification** splash screen

Section 3: Transfer Out-of-State

The **Transfer-Out-of-State** window is completed by the receiving clinic when a participant comes into a clinic stating they are currently certified on WIC in another state or on the Navajo Nation or the Inter-Tribal Council of Arizona (ITCA) WIC Programs within Arizona. **You should not complete the Out-of-State transfer screens over the phone.** If a client calls to say they want to transfer into your clinic, complete the Precertification screen and make them an appointment to come into the clinic. You would complete the Out-of-State transfer screens once they are in your clinic by querying them in the AIM system from the Out-of-State screen in order to pull up their record. Do not create a duplicate ID number. The participant should have a certification / transfer document showing, at a minimum, their name, current cert start and end dates, and the name and address of the certifying agency. Keep their transfer document in your agency's files.

1. Click the **Certification Info** menu in the **Enrollment and Certification** splash window.
2. Click **Cert Action**.
3. Click **Transfer Out-of-State**. You are now at the **Transfer Out-of-State** window.

Arizona WIC Program - [Transfer - Out Of State]

File Edit Item Record Query Window Help

3.0.02d|Trng|4511

Family ID: [] Clinic: []

Authorized Representative

Last Name First Name MI1 MI2

Rep1: [] [] [] [] Client Info

Rep2: [] [] [] []

Mailing Address Street Address

Street 1: [] []

Street 2: [] []

City: [] []

County: [] State: [] Zip: [] []

State: [] Zip: [] []

Marital Status: [1] [] NOT MARRIED Primary: [1] [] ENGLISH Translator Required

Disability: [] [] Secondary: [] []

Voter Reg: [NI] [] NOT INTERESTED Education Level: [12] [] Communications Phone/Confidentiality

Family Size: [1]

☒ Transfer Out of State ☐ Food Pattern

The Family ID is system generated. Double click or press F2 to go to the Client/Family Lookup for an existing client.

Record: 1/1 <OSC> <DBG>

All out-of state transfers will automatically be assigned a Priority 0 & Risk 502-Transfer.

4. Click the **Clinic** LOV and select your clinic site. The system will generate a new **Family ID**.

5. Complete the required fields (in yellow).
 - Authorized Rep name.
 - Address
 - Marital Status
 - Voter Registration status
 - Family Size
 - Primary Language
 - Education Level
 6. Click on the appropriate pushbutton to enter in the **Communications** and **Phone / Confidentiality** information as needed. Save your work.
 7. Click on the **Client Info** pushbutton in the upper right corner. This pop-up is similar to the **Client Registration** screen. The family's information is carried over from the previous screen.
 - Fill in the required participant information.
 - Client Name
 - Birth Date
 - Gender
 - Application Date (defaults to today's date)
 - VOC (VOC # from previous WIC Program) A number **MUST** be entered in this field to complete a transfer. If the client does not have a VOC#, then enter the state in which they left. You can use the two-letter state abbreviation.
 - Race / Ethnic Group
 - Category
 - Cert Start Date (the Cert End Date will auto-calculate once the Start Date is filled in)
 - Priority (all out-of-state transfers are Priority 0)
- Note:** To *add multiple family members* in the **Client Info** window, place your cursor in the **Last Name** field and click on the **Insert Record** icon (green +). The **Participant** section is now blank and ready for the user to enter in data for the new family member. Continue until all family members are entered. Infants and children should be linked to mother in this screen.
- Note:** If a client is transferring into Arizona WIC and their certification period ends this month, they must begin a new certification.
8. The **Activate the Client** Checkbox will default to checked to indicate the client is active. Do not remove the checkmark to make the participant inactive. Save.
 9. Click on the **Family Info** pushbutton to return to the **Transfer Out-of-State** window. Food Instruments may be printed at this time by selecting the **Food Pattern** radio button at the bottom of the window. Select a food package for the first family member, save. Click on **Family** then click on **Client Reg.** Scroll to the next family

member and select food package, save. Click on **Family** and then click on **Client Reg.** Scroll to the next family member and choose a food package, save. Do this until all family members are assigned a food package. When done click **On Demand** and print FI's (see Chapter 3, Section 8: Food package to review issuing FI's).

10. Exit to the **Enrollment and Certification** screen.

WIC Overseas

When a participant is transferring to the Arizona WIC Program from WIC Overseas, Arizona WIC will accept their Verification of Notification (VOC or Participant Profile Report) from WIC Overseas and complete the 'Out-of-State Transfer' screen in the AIM system. The Local WIC Agency will retain the VOC form in their daily or central file. If the participant does not have a VOC, local agencies can contact Margaret Applewhite at WIC Overseas (toll free 1-(877) 267-3728) and she can look up the VOC information within 24 hours. If the applicant is not in a valid certification period, they will begin a new certification period if still eligible.

When participants are transferring **to** WIC Overseas, participants will use their Arizona WIC Program ID folder as their VOC or a VOC can be printed from the AIM System.

Section 4: Moving a Participant from One Family to Another

There are times when a family has two different **Family ID** numbers and you want to combine them into one family ID or a family member is moving from one WIC family to another WIC family.

The screenshot shows the 'Arizona WIC Program - [Client Registration]' window. The 'Family' tab is selected, showing fields for Family ID, Authorized Rep 1 (Last Name, First Name, MI1, MI2), and a Notes button. The 'Client' tab is also visible, showing fields for Client ID, Last Name, First Name, MI1, MI2, SSN, Birth Date, Age (Yrs.) (Months), Gender (Male/Female), Family Size, WIC Family Size, Proof of Identity, Application Date, Mother's ID, Ethnic Group, Race, Add'l Ethnic Groups, Eligibility (Adj. Elig., Inc. Elig.), Migrant, Homeless, Group Home, Military, Refugee, Foster Care, Disability, VOC, Ineligibility Reason, Health Care, Other Programs, Transfer Info, Previous Names, Communications, and Previous Families. The Client ID field is highlighted in yellow. At the bottom, there are radio buttons for Family, Client Reg (selected), Cert Action, Medical, Health, Diet Assess, Care Plan, and Food Pkg. A status bar at the bottom indicates 'Enter a query: press F8 to execute, Ctrl+q to cancel.' and 'Record: 1/1'.

From the **Client / Family Lookup** screen, search for the participant you want to move. Write down the **Client ID** number or click in the field and hit Ctrl + C on your keyboard.

Clear the form (icon on the top menu bar) and query the family into which you are moving the client. Double click the **Client ID**, which will bring you to the **Client Reg** screen.

The screenshot shows the 'Arizona WIC Program - [Client Registration]' window. It has a menu bar (File, Edit, Item, Record, Query, Window, Help) and a toolbar. The main area is divided into sections: 'Family' (Family ID, Authorized Rep 1 Last Name, Authorized Rep 1 First Name, MI1, MI2, Notes), 'Client' (Client ID, Last Name, First Name, MI1, MI2, SSN, Birth Date, Age (Yrs.) (Months), Gender (Male/Female), Family Size, WIC Family Size, Proof of Identity, Application Date, Mother's ID), and various checkboxes for Migrant, Homeless, Group Home, Military, Refugee, Foster Care, Disability, VOC, Ineligibility Reason, and Eligibility. A red arrow points to the Mother's ID field.

1. Place your cursor in the **Client ID** field and click the **query** (flashlight) icon. The client information fields will be cleared. The Authorized Rep fields should still show the family's Authorized Rep.
2. Enter the **Client ID** number of the participant you wish to move by either typing it in or hitting Ctrl + V on your keyboard.
3. Click the **query** icon again. The participant's information will now be displayed.
4. Verify that the family information at the top of the screen is correct.
5. **Save** your work. The participant is now moved into the new family.

| Mother's ID Field | Foster Care Checkbox |
|--|---|
| <p>If this field is left blank on an infant's record, a reminder message will display.</p> <p>If this field is populated for an infant less than 6 weeks old and the mother is currently certified as pregnant, a message will appear: <i>"The mother of this infant is currently pregnant, would you like to update the category of the mother?"</i></p> | <p>If this checkbox is selected, a message will appear: "Have you changed Foster Families within the last 6 months?" This includes if they have entered foster care within the last 6 months, too. If "Yes" is selected, a risk will be assigned in the Cert Action screen.</p> |

Chapter 5: Appointment Scheduler

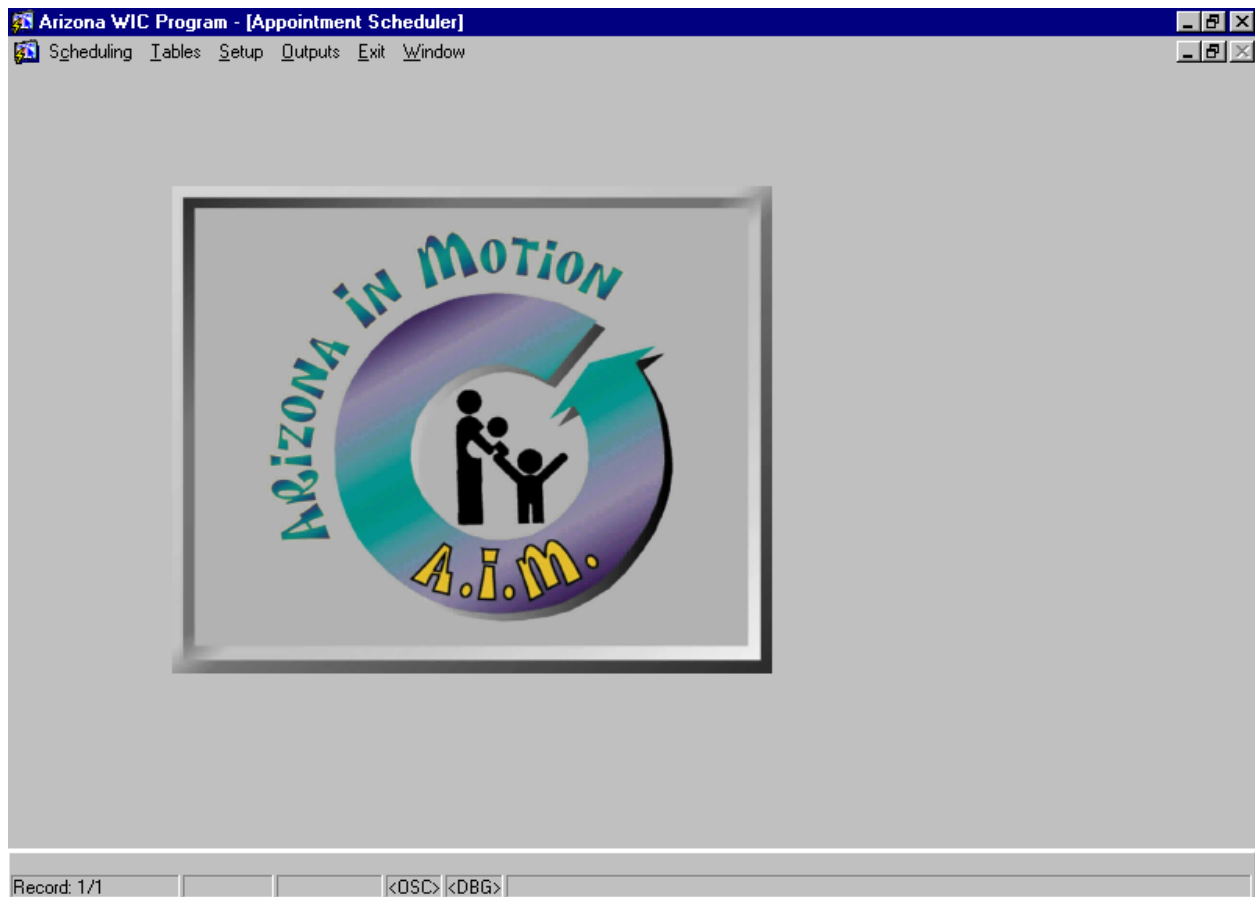
Section 1: Appointment Sheet

Section 2: Scheduling a Family into a Class

Section 3: Appointment Scheduler Outputs

Section 1: Appointment Sheet

Click the **Appointment Scheduler** icon from the **Master Menu**.
Click **Scheduling** on the **Appointment Scheduler** splash screen.



Under **Scheduling**, click **Appointments**.

Arizona WIC Program - [Appointments]

File Edit Item Record Query Window Help

Family ID: []

Family Record Appointment Sheet Class Assignments Class Attendance

Clients

| Client | Things to Bring | Appt Notice | Appointment Date | Appointment Time | Appointment Type | DOB | Cat | Cert Start | Cert End | Due Date |
|--------|-----------------|-------------|------------------|------------------|------------------|-----|-----|------------|----------|----------|
| | Bring | Notice | | | | | | | | |
| | Bring | Notice | | | | | | | | |
| | Bring | Notice | | | | | | | | |
| | Bring | Notice | | | | | | | | |
| | Bring | Notice | | | | | | | | |

Appointment History

| Date | Time | Type | Staff | Status |
|------|------|------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Notes

Select the Family ID from the list of values or Double click or press F2 to go to Client/Family Lookup for an existing family.
Record: 1/1 List of Values <OSC> <DBG>

Appointments Screen – Family Record Tab

You are now in the **Family Record** window.

Select the **Family ID** for the family you want to schedule an appointment for, by either of the two following methods:

Type in the **Family ID** if you have it **or** double click on the blank **Family ID** field to bring you to the **Client / Family Lookup** screen. Fill in the necessary criteria to find the requested family. Once the **Results** appear, double click on the **Family ID** to return the **Family ID** to the **Family Record** screen.

Once the **Family ID** is entered, query for the family information.

The Family Record screen is where the AIM user can view a family's appointment history based on each member of the family. Participant information is in a display-only mode.

Click the **Appointment Sheet** tab.

Appointments Screen – Appointment Sheet Tab

The Authorized Representative's name and ID number appear across the top of the screen.

- ❖ Roll your mouse (hover) over the **Family ID** or Authorized Representative's name to view the Authorized Representative's phone number.
- ❖ Click on desired day in the calendar grid to fill the appointment slots with appointment times.
- ❖ The hours of clinic operation appear in the first column (left side) of the grid.
- ❖ The clinic staff display in the inside of the grid across the top.
- ❖ Each staff member is assigned services that they can perform within the day.
- ❖ The service type **Any** means that the user can perform the following services: Food Instrument Issue, Nutrition Education, Certifications, Food Plus Certifications, Health Check, Transfers, See New Clients.
- ❖ The maximum number of staff displayed at one time is five. To view additional staff, use the horizontal scroll bar across the bottom of the grid.
- ❖ Use the large up and down arrows to the left of the appointment grid to view four-hour increments on the appointment sheet.

TIP: To correct a mistake before you save, click again on the calendar date in the grid to "refresh" the screen.

When working with the Appointment Scheduler, work with the first, or top, time slot only. The AIM system will fill in the time blocks needed to schedule the length of the appointment. Each appointment type is scheduled for a certain amount of time.

Example: The system might be pre-programmed to schedule initial certifications for 30 minutes. The time slots displayed are in 15-minute intervals and one certification appointment would take two 15-minute time slots. You will keep your cursor in the first time slot of 7:30 a.m. and AIM will automatically insert the appointment information into both the 7:30 a.m. and 7:45 a.m. time slots, totaling 30 minutes.

Search for an appointment using one of the following methods: the calendar grid or the **Available Appointment Search** button.

The calendar grid will default to today's month and year at the top and today's date at the bottom of the calendar. To change the month and year, use the forward (>) and backward (<) arrows next to the one that you want to change.

To change the date, click the numbered box in the calendar and check to see if the display date has changed to match your selection.

The **Available Appointment Search** pushbutton allows you to enter specific criteria to find an appointment and search.

The screenshot shows the 'Arizona WIC Program - [Appointments]' window. The 'Available Appointment Search' dialog box is open, allowing users to search for appointments based on various criteria. The dialog box includes fields for Service, Staff, Language, From Date, Day of Week, Duration, AM Appt, and PM Appt. A calendar grid is displayed for August 2003, with the date 08/27/2003 highlighted as 'Today'. The calendar grid shows days of the week (S M T W T F S) and dates (1-31). The 'Search' button is visible at the bottom right of the dialog box. The main window also shows a 'Family ID' field and a 'Family Record' section with a 'Clinic' dropdown menu.

You may be very specific or broad in your selection criteria in the **Available Appointment Search**. The system will use the information to find the next available appointment.

Click **Search** to begin the process.

Once AIM has identified an available appointment slot, it will show the next available appointment in green on the appointment sheet.

Click on the green time slot; the system will fill in the Family ID as well as the client information.

Arizona WIC Program - [Appointments]

File Edit Item Record Query Window Help

Family ID: D70740152 ARIZONA, CLARA

Family Record Appointment Sheet Class Assignments Class Attendance

Clinic: 15 WIC UNIV CLINIC 15

| | USER15 | COW15 |
|----------|--------|-------|
| 08:00 am | any | any |
| 08:15 am | any | any |
| 08:30 am | any | any |
| 08:45 am | any | any |
| 09:00 am | any | any |
| 09:15 am | any | any |
| 09:30 am | any | any |
| 09:45 am | any | any |
| 10:00 am | any | any |
| 10:15 am | any | any |
| 10:30 am | any | any |
| 10:45 am | any | any |
| 11:00 am | any | any |
| 11:15 am | any | any |
| 11:30 am | any | any |
| 11:45 am | any | any |
| 12:00 pm | lunch | any |
| 12:15 pm | lunch | any |
| 12:30 pm | any | lunch |
| 12:45 pm | any | lunch |

Available Appt Search

Re-Schedule/Cancel

Time:

Staff: Duration:

Client:

Type: Status:

Client:

Type: Status:

Client:

Type: Status:

Push This Button To Search For The Next Available Appointment.

Record: 1/1 <OSC> <DBG>

The time selected for the appointment is shown in yellow and is display-only, shown above the Family Information section.

The staff that will perform the services for the family is also shown as display-only.

The members of the family appear in the **Client** fields as well as their category.

The large up and down arrows to the left of the clients' names are used to see multiple family members in increments of three.

Select an appointment type (Type) for each client (i.e., new, cert., bloodwork, etc).

Each appointment type has a pre-set amount of time allotted, and is displayed in the **Duration** field. The **Duration** field can be increased or decreased as needed. Time can be increased or decreased, based on the clinic's appointment interval. The duration

determines the number of time slots to fill on the appointment sheet. The service that the staff provides must match with the service that the client needs.

Example: A staff assigned the activity 'Certifications' for the day cannot perform a 'Counseling' appointment for a client because the services do not match. However, if a staff is assigned "Any" service type, then several of the services will match.

AIM will not let you schedule an appointment if the authorized representative's language (chosen in the Family Information screen) does not match the language(s) that their assigned staff member speaks. Also, AIM will not let you schedule an appointment type that does not match services that the staff can perform (*for example, "High Risk Nutrition Education"*). If staff have the "override role" assigned to them, they can schedule appointments for staff that do not speak the client's language or provide the service that is needed, according to pre-assigned services.

The system will default the appointment status to **(P) pending** for future appointments.

The status field can be changed to display **Walk-in** for appointments scheduled on the current date for families that arrive to be seen without a scheduled appointment.

The appointment slots will fill with the Family ID of the authorized representative into the time selected for the family's appointment.

Click **Save** to keep the appointment.

Click the **Family Record** tab to confirm the family's appointment. It should now appear there.

If several appointments exist for the family, i.e., a certification appointment and a class, the earliest calendar date appointment will appear first in the Family Record screen. Once that appointment passes, the next appointment will appear at the top of the **Family Record** screen.

Click the **Things to Bring** pushbutton.

Select the items that the client should bring to the appointment by selecting an item and clicking the right arrow key (>) or double clicking on the item.



Items to bring are client-specific within the family.

You will be prompted to save after each client is assigned items to bring.

Click the **Appointment Notice** pushbutton.

Select the correct appointment notice radio button (Appointment Notice or Reschedule Notice).

Click **OK** to automatically print the selected notice, or **Cancel** to exit from the **Appointment Notices** pop-up.

Notices print in both Spanish and English (on the same page).

Click **Save**.

Lets's take some time to learn the process of rescheduling and deleting appointments.

On the **Appointment Scheduler** splash screen, click **Scheduling**.
Click **Appointments**.

You are now in the **Family Record** window.

Select the Family ID for the family you want to schedule an appointment for, by either of the two following methods:

1. Double click on the blank **Family ID** field to take you to the **Client / Family Lookup** screen. Fill in the necessary information to query the requested family. Once the **Results** appear, double click on the **Family ID** to return the **Family ID** to the **Family Record** screen and tab. Their information will now be shown.
2. You can also simply type the **Family ID** number in the field and query to fill in the family's information.

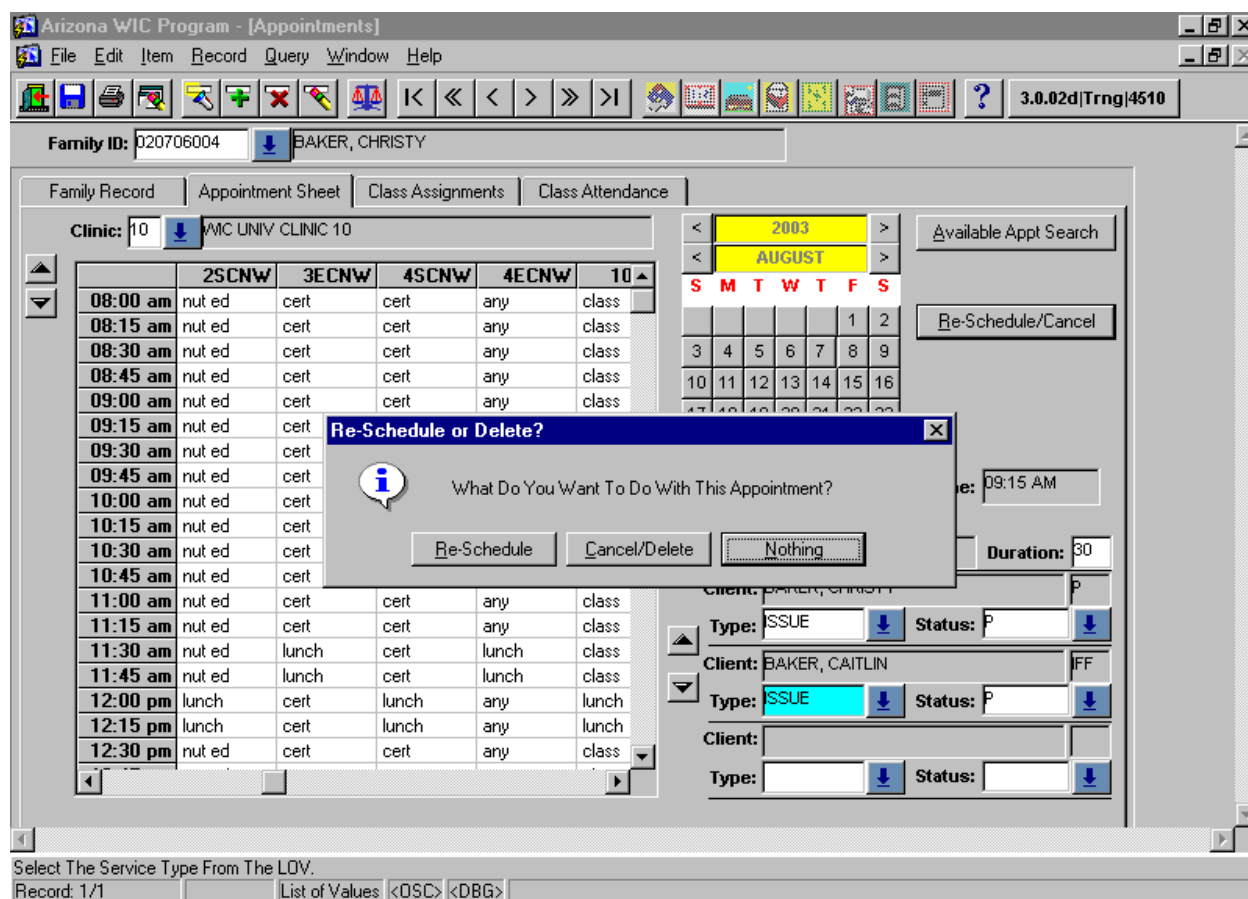
The **Family Record** screen is where the AIM user can view a family's appointment history based on each member of the family. Participant information is in a display-only mode.

Click the **Appointment Sheet** tab.

Click in the first (top) cell of the appointment time to be rescheduled.

Click on the **Re-Schedule / Cancel** pushbutton.

WIC University Training Manual



Choose from the following options:

Re-Schedule
Cancel / Delete
Nothing

Click on **Re-Schedule**, select one of the two options:

A new calendar date for the appointment, or
 A new time slot in the current day

If choosing a new date, click on a new date in the grid.
 Select a time slot for the rescheduled appointment.
 The appointment information is “pasted” into the new time slot.
 Click **Save**.

Return to the **Family Record** screen to print a **Reschedule Notice** for this family’s appointment change.

Exit to the **Appointment Scheduler** splash screen.

Tips and Tricks:

Double clicking the desired item in the LOV will automatically fill it in and close the LOV.

Clicking in the Duration field and typing in the number of minutes that the appointment will last can reduce the appointment's length of time. This process reduces time for the family appointment, yet does not affect an individual client's appointment.

Selected Appointment: If there are not enough appointment time slots available for AIM to book a particular service, a warning message will appear: *"Appointment has been cut short for this service / activity."*

Click **OK** to acknowledge that you have read the warning. AIM will then overbook that time slot with the appointment.



Section 2: Scheduling a Family into a Class

Click the **Class Assignments** tab to begin searching for a class for the family.

Enter the appropriate **Search From** date information and / or **Class Category** search criteria in the boxes at the top of the screen.

The screenshot shows the 'Arizona WIC Program - [Appointments]' window. The 'Class Assignments' tab is selected. The 'Family ID' is 'D20706004' and the family name is 'BAKER, CHRISTY'. The 'Search From' date is '08/26/2003' and the 'Class Category' is 'TODDLER DIET'. The 'Go' button is visible. Below the search criteria, there is a table of available classes:

| Date | Day of Week | Time | Class | Language | Count/ Limit | Clinic |
|------------|-------------|---------|-----------------|----------|--------------|--------------------|
| 08/26/2003 | TUESDAY | 01:00pm | OVERWEIGHT KIDS | ENGLISH | 00/10 | WIC UNIV CLINIC 10 |
| 08/28/2003 | THURSDAY | 01:00pm | TODDLER DIET | ENGLISH | 00/10 | WIC UNIV CLINIC 10 |

Below the table, there are buttons for 'Add Family To Class' and 'Remove Family From Class'. At the bottom, there is a status bar with the text 'Enter The First Day To Search From or Double-Click To Pop Up A Calendar.' and 'Record: 1/?'.

Click the **GO** button.

Select from the available class(es) to schedule the family into one.

Click the **Add Family to Class** pushbutton.

Click **Save**. You have now scheduled the family into a class.

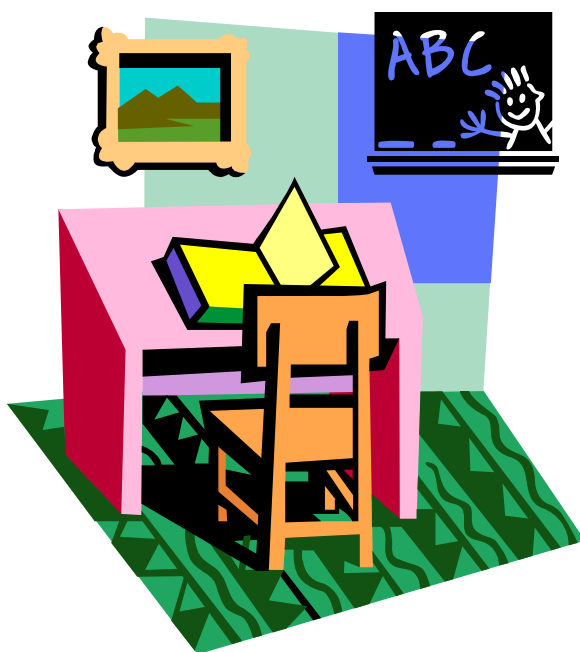
Click the **Family Record** tab.

Exit to the **Appointment Scheduler** splash screen.

Tips, Tricks, and Shortcuts:

Once the class has reached the “class limit,” that class will no longer be available, or viewed, in the **Class Assignments** screen.

If a family cancels their class appointment for a class that had reached its class limit, that appointment slot becomes available, and the **Class Assignments** search will display the available class again.



Class Attendance

This is the screen used to document class attendance and issue Food Instruments to the class participants. You will access this screen when the client comes into your clinic for the class on the day it is offered, using the following method.

Click the **Appointment Scheduler** icon from the **Master Menu**.

Click **Scheduling** on the **Appointment Scheduler** splash screen.

Click **Appointments**.

Click the **Appointment Sheet** tab.

Locate the staff member that is the class educator.

Click on the first cell of the class number for the first class that day.

WIC University Training Manual

Arizona WIC Program - [Appointments]

File Edit Item Record Query Window Help

Family ID:

Family Record Appointment Sheet Class Assignments Class Attendance

Clinic: 10 WIC UNIV CLINIC 10

| | 4SCNW | 4ECNW | 10NPA | 10HR |
|----------|-------|-------|-------|-------|
| 08:00 am | cert | any | class | hr ed |
| 08:15 am | cert | any | class | hr ed |
| 08:30 am | cert | any | C2 | hr ed |
| 08:45 am | cert | any | " | hr ed |
| 09:00 am | cert | any | " | hr ed |
| 09:15 am | cert | any | " | hr ed |
| 09:30 am | cert | any | class | hr ed |
| 09:45 am | cert | any | class | hr ed |
| 10:00 am | cert | any | C6 | hr ed |
| 10:15 am | cert | any | " | hr ed |
| 10:30 am | cert | any | " | hr ed |
| 10:45 am | cert | any | " | hr ed |
| 11:00 am | cert | any | class | hr ed |
| 11:15 am | cert | any | class | hr ed |
| 11:30 am | cert | lunch | class | lunch |
| 11:45 am | cert | lunch | class | lunch |
| 12:00 pm | lunch | any | lunch | hr ed |
| 12:15 pm | lunch | any | lunch | hr ed |
| 12:30 pm | cert | any | class | hr ed |

Available Appt Search

Re-Schedule/Cancel

Time:

Staff: Duration:

Client:

Type: Status:

Client:

Type: Status:

Client:

Type: Status:

FOODS

Record: 1/1

<OSC> <DBG>

The class name appears in the hint text at the bottom of the screen. Now, click the **Class Attendance** tab. **Note:** this screen opens in a query mode.

Arizona WIC Program - [Appointments]

File Edit Item Record Query Window Help

Family ID: []

Family Record Appointment Sheet Class Assignments Class Attendance

Class

Class: FOODS [] C2 Class Count []

Comment: [] Appt. Type: HEALTH Class Limit []

Appt. Date: 08/28/2003

Appt Time: 08:30 AM

Staff: 10 NPA,

Class Families

| Family ID | Last Name | First Name | MI1 | MI2 | Attendance |
|-----------|-----------|------------|-----|-----|------------|
| [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] |

All Attended

Print/Preview FI's

Clients

| Client ID | Last Name | First Name | MI1 | MI2 | Cat |
|-----------|-----------|------------|-----|-----|-----|
| [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] |

FOODS

Record: 1/1 List of Values <OSC> <DBG>

The **Class Attendance** tab populates with the class you just clicked on.

AIM will display the families and corresponding family members (bottom of screen) enrolled in that class. Class details will populate the screen.

Click the **All Attended** pushbutton to mark all families as having attended a class. The **All Attended** pushbutton is used to group the participants together and manually mark their attendance status.

Click the **Print / Preview FI's** pushbutton.

The **Print / Preview FI's** pushbutton is used to take you to the **Class Food Instruments** screen to see FI's related to the families' records, and to group print the FI's for the members of the class.

Click **Print** to print Food Instruments.

Click **Save** and **OK**.

Class FI Printing and On Demand Screen

You can also select the 'Class Issuance' radio button in the On Demand screen, enter or query the Class ID and when class participants' IDs are filled in, you can issue FIs to those that are eligible. If a height or weight need to be done or income documentation needs to be updated, those participants will not be eligible for FIs.

To add a family to the class:

On the **Class Assignments** tab, click the button **Add Family to Class**. Note: this screen opens in a query mode.

Click the **Class** LOV and select the class you want to view.

Enter the **Family ID** for the family you want to add to that class and press tab.

Save your work and click **OK**.

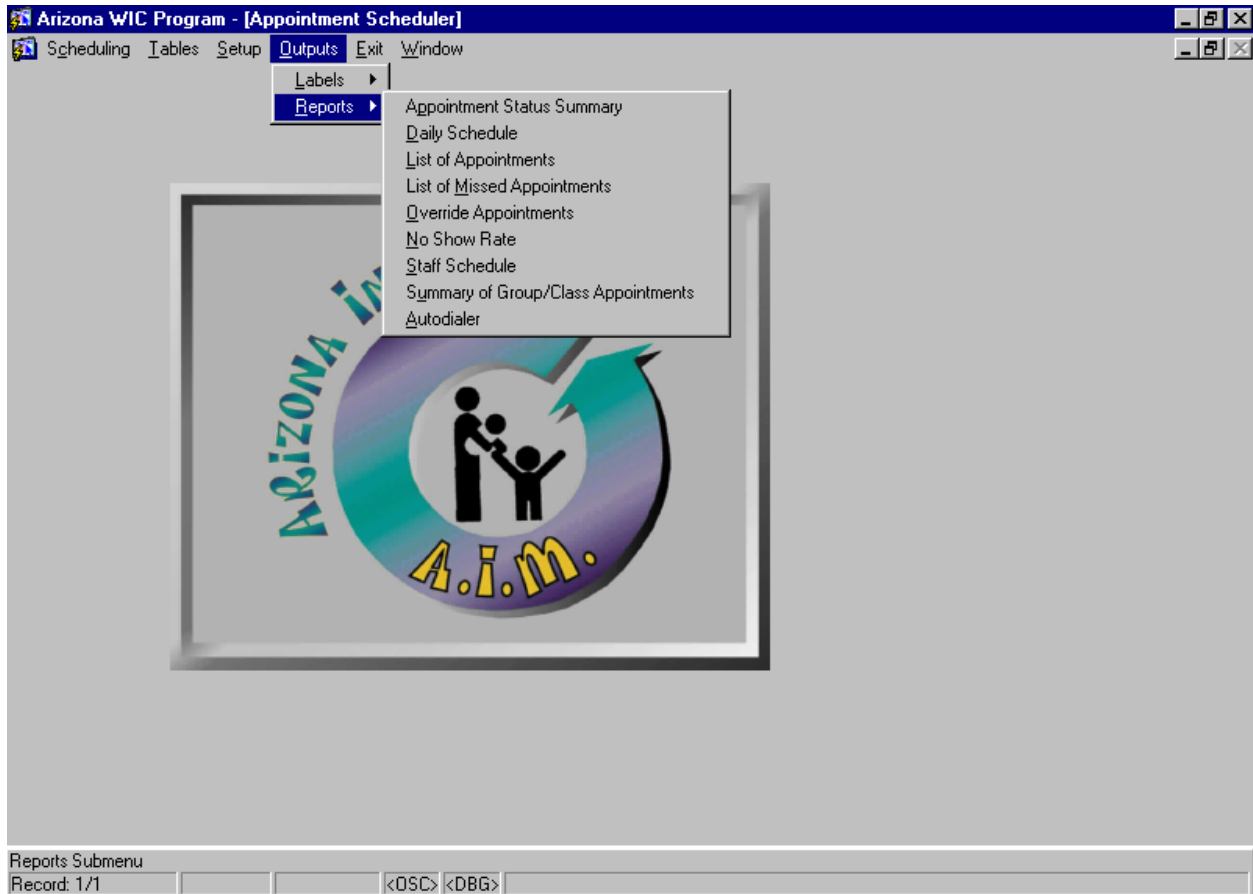
To view the clients in the family:

Click in the **Family ID** field to view the clients within that family in the **Clients** section at the bottom of the screen.

Exit this window.

Section 3: Appointment Scheduler Outputs

As in all modules, a variety of reports can be produced in the **Appointment Scheduler**. For a complete list and description of these reports, see the Design Document. In this section, we briefly review how to access and run reports.



To produce Appointment Scheduler reports:

Click the **Appointment Scheduler** icon from the **Master Menu**.

Click **Outputs** on the **Appointment Scheduler** menu bar.

Click **Reports**.

The following reports are available:

| Report Name | Description |
|-----------------------------|---|
| Appointment Status Summary | The AIM system produces a summarized report based on appointment statuses (missed, kept, etc.) for a specific date range. |
| Daily Schedule | The AIM system produces a daily schedule report for a clinic on a single date. |
| List of Appointments | The AIM system produces a list of appointments for a specified date range for either a single clinic or the whole agency. The report can show appointments by service, time or staff. |
| List of Missed Appointments | The AIM system produces a list of missed appointments for a specified date range. This report functions as a contact list and shows phone and mailing address information. |
| No Show Rate | The AIM system produces a No Show Rate report for services and clinics for a specified date range. |

The Pre-Certified New Enrollments report (formerly known as the Federal Time Line Processing Standards Report) is located in **Outputs** of the **Enrollment and Certification** module.

LABEL PRINTING

Mailing labels can also be printed, using the correct sized mailing labels, to contact participants by mail regarding their appointment history.

To produce labels:

Click the **Appointment Scheduler** icon on the **Master Menu**.

Click **Outputs** on the **Appointment Scheduler** menu bar.

Click **Labels**, then click **Appointment Mailing Labels**.

WIC University Training Manual

Criteria

Label :

Clinic :

Appointment From Date : Appointment To Date :

Attendance Status: Category: Service:

Family ID :

Results

| Client ID | Authorized Rep1 Last Name | Authorized Rep1 First Name | MI1 | MI2 | Service | Select for Print |
|-----------|---------------------------|----------------------------|-----|-----|---------|--------------------------|
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |

Select All w/o Confidentials Select All with Confidentials

Select the Clinic from the list of values.
Record: 1/1 List of Values <OSC> <DBG>

Enter the mandatory (yellow) fields:

Select the correct mailing label size / brand from the **Label** LOV.

Select the **Clinic** from the LOV.

Enter dates in the **Appointment From Date** and **Appointment To Date** fields.

Select the **Attendance Status** (missed, kept, etc.) from the LOV.

Select the **Category** from the LOV.

Select the **Service** from the LOV.

Enter the **Family ID**. Type in the **Family ID** or double click in the **Family ID** field to return to the **Client / Family Lookup** screen and query for the **Family ID**.

Select one of the three methods for printing labels:

1. The system will return results from which you can choose the participants individually to print labels.
 2. Click the **Select All w/o Confidential** pushbutton to select all participant labels to print except for those with the confidentiality flag checked in the **Family** screen.
 3. Click the **Select All with Confidential** pushbutton to select all participant labels to print, including those with the confidentiality flag checked in the **Family** screen.
- Click the print icon.

Choose which label location you wish to start with.

Acknowledge the label messages.

Preview the label setting.

Click the print icon again.

Exit to the **Appointment Scheduler** splash screen.

Chapter 6: CSFP and Farmer's Market

Section 1: CSFP Certification and Box Pickup

Section 2: Farmer's Market Nutrition Program Check Issuance

Section 1: CSFP Certification and Box Pickup

Arizona Welcome Screen - [Log On]

Window

Welcome to Arizona WIC

User Name: DAWSONR

Password: *****

Database: AIMCENTRAL

Agency: [Yellow Box] [Blue Arrow]

Clinic: [Yellow Box] [Blue Arrow]

OK Cancel Change Password

Your password will expire in 2733 days.

Record: 1/1

Type your User Name into the **User Name** field.

- This is how the AIM will track who performs what tasks in the system.
- Your User Name is unique to you and allows you access to the functions in the AIM system that are specific to your job responsibilities and location.
- Never share your password with anyone.

Tab to the password field and type in your password.

- First-time users will use the password provided by your Supervisor. Once you have entered your password, tab to the Database Field
- Use the drop-down to select **Phxaim** if your local agency is **North** or **Tucaim** if your agency is in the **South**.

WIC University Training Manual

Tab to the Agency Field, using the drop-down, select your agency.

Arizona Welcome Screen - [Log On]

Window

Welcome to Arizona WIC

User Name: DAWSONR

Password: *****

Database: Phxaim

Agency: [Drop-down]

Clinic: [Drop-down]

OK Cancel

Agencies

Find: %

| Agency | Name |
|--------|------------------------------|
| 01 | APACHE COUNTY HEALTH DEPT |
| 04 | GILA COUNTY HEALTH DEPT |
| 09 | NAVAJO COUNTY HEALTH DEPT |
| 13 | YAVAPAI COUNTY HEALTH DEPT |
| 14 | YUMA COUNTY HEALTH DEPT |
| 15 | YUMA FOOD BANK |
| 28 | CLINICA ADELANTE, INC ADMINI |

Find OK Cancel

Choices in list: 8

Record: 1/1

Tab to the Clinic Field, using the drop-down arrow, select the clinic where you work.

Arizona Welcome Screen - [Log On]

Window

Welcome to Arizona WIC

User Name: DAWSONR

Password: *****

Database: Phxaim

Agency: 01

Clinic: 00

OK Cancel

Clinics

Find: 0%

| Clinic | Name |
|--------|-----------------|
| 00 | ALL CLINICS |
| 01 | ST JOHNS WIC |
| 02 | SPRINGVILLE WIC |
| 05 | CONCHO WIC |
| 06 | VERNON WIC |

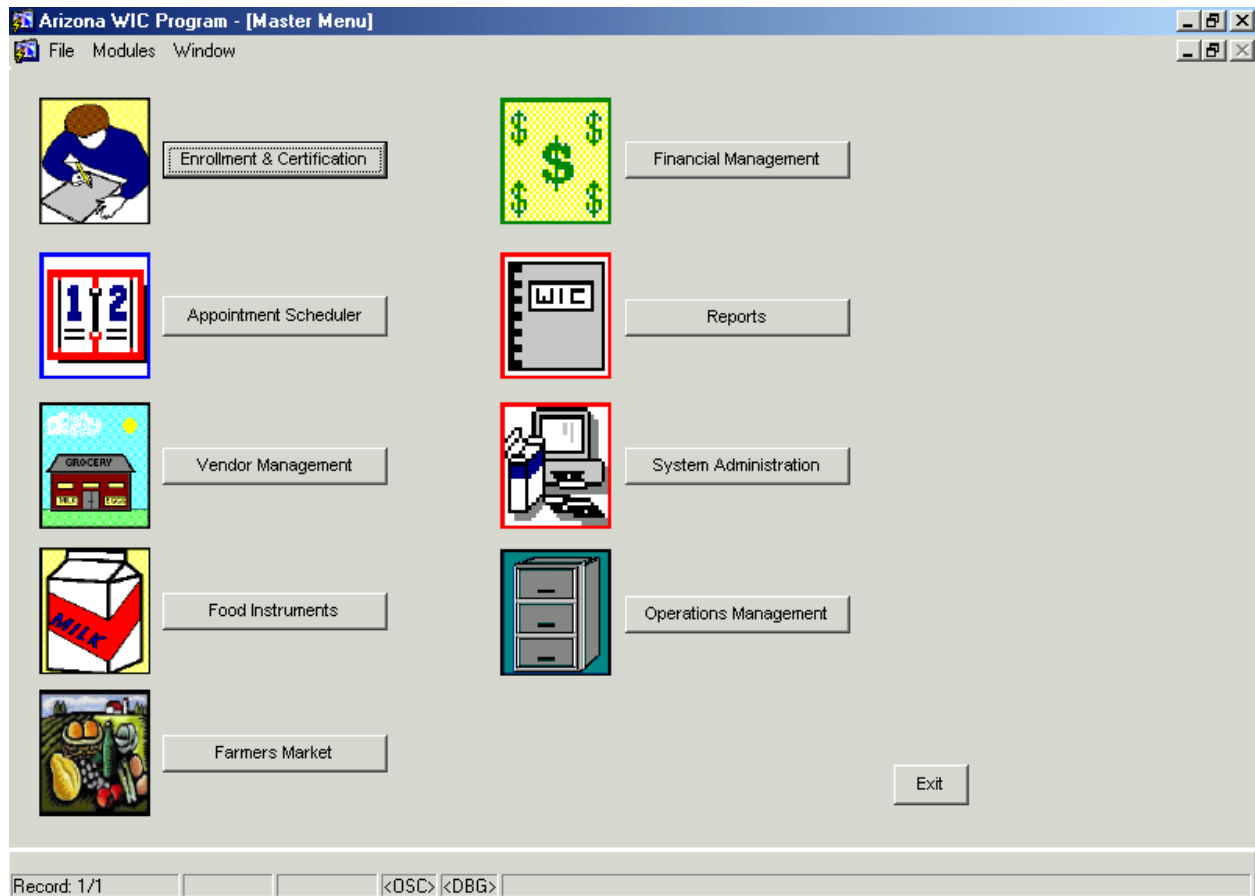
Find OK Cancel

Choices in list: 5

Record: 1/1

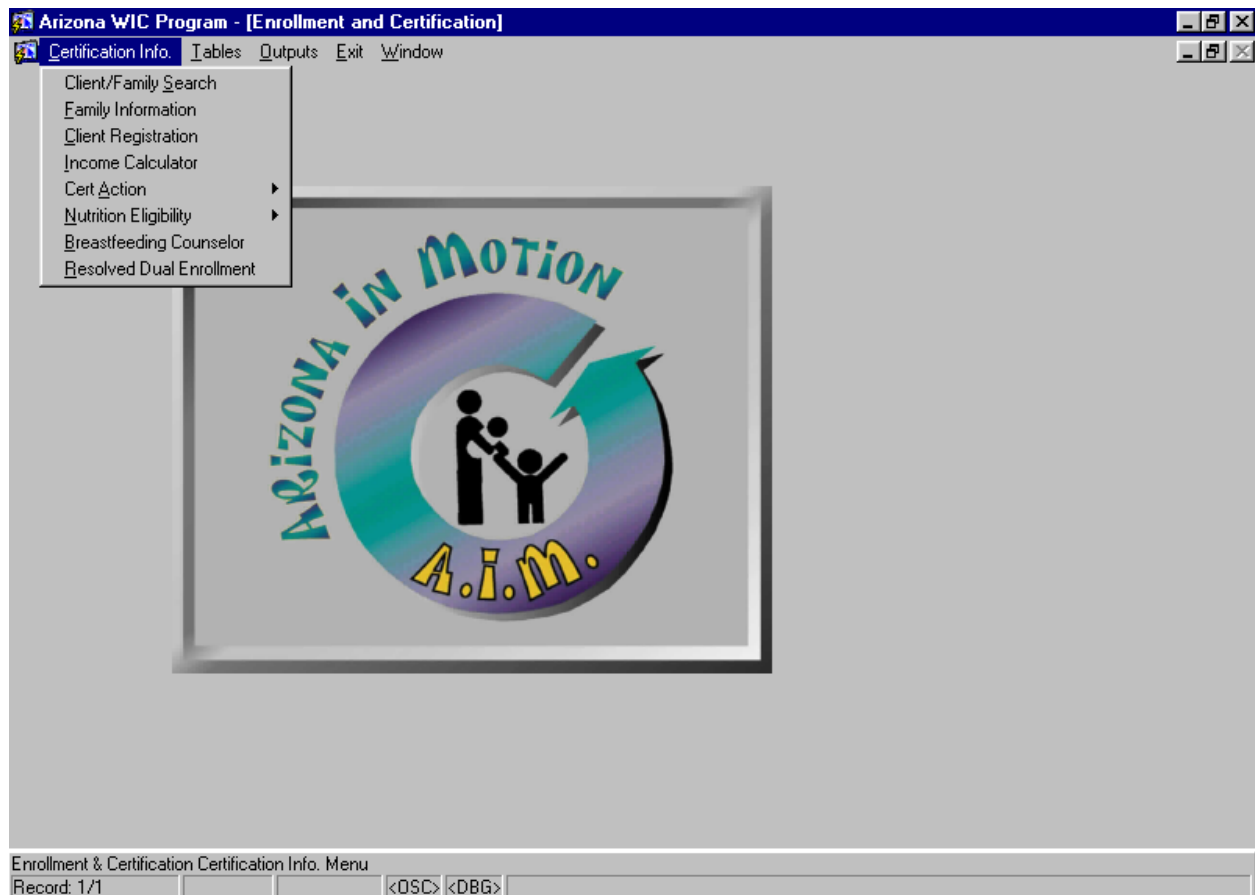
List of Values

WIC University Training Manual



Select the **Enrollment & Certification** button.

WIC University Training Manual



Click on **Client / Family Search**.

WIC University Training Manual

Arizona WIC Program - [Client/Family Lookup]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Criteria

Client ID Last Name First Name MI1 MI2 Birth Date Category Gender

Authorized Representative

Family ID Last Name First Name Phone Phone Type

Mailing Address Cert Start Date Cert End Date Local Agency Clinic

City County State Zip Zip+4 Prior ID CSF Clinic

Results

| Client ID | Family ID | Last Name | First Name | MI1 | MI2 | Birth Date | Cat. | Gender | L.A. |
|-------------|-----------|-----------|------------|-----|-----|------------|------|--------|------|
| 1080001812 | 020676730 | ADAMS | LYNDALL | J | | 10/06/1999 | C2 | F | 08 |
| 16080015037 | 020676745 | BLACK | BABY BOY | | | 05/15/2002 | FF | M | 08 |
| 16080015026 | 020676743 | BLUE | ALIGA | | | 10/11/2000 | C1 | M | 08 |
| 16080014989 | 020676734 | BROWN | NANCE | | | 05/05/1922 | E2 | F | 08 |
| 16080014934 | 010676721 | DAWSON | MARY | | | 01/20/1926 | E3 | F | 08 |

The Client ID. Double click or press F2 to select this Client ID.

Record: 2/? <OSC> <DBG>

Click on the last name field, enter the last name of your client, making sure to spell it correctly or enter the first two letters of the client's last name, like JO for Jones with a % sign (JO%) Click on the query (flashlight) icon. If the client is in AIM, double click on the **Family ID**. You will notice that the Client ID numbers of CSFP clients will appear in RED. If the name also appears in RED, that indicates that the person is deceased.

All CSFP clients are to be offered voter registration assistance; have the participant fill out the Offer of Voter Registration form. This form is to be kept in the agency's files, separately from the WIC Offer of Voter Registration forms.

If your client is **NOT** in the AIM system, please skip ahead to **Entering a new CSFP Client**.

WIC University Training Manual

Arizona WIC Program - [Family Information]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Family ID: 010676721 WIC Clinic: CSF Only Family: ☒ CSF Clinic: 16 OATMAN

Authorized Representative

| Last Name | First Name | MI1 | MI2 |
|--------------|------------|-----|-----|
| Rep1: DAWSON | ROBERTA | | |
| Rep2: | | | |

Mailing Address

Street 1: 50 SUNSHINE

Street 2:

City: OATMAN

County: MOHAVE State: AZ Zip: 86433

Proof of Addr: 5 DRIVER'S LICENSE

Marital Status: 4 NOT APPLICABLE (CSF)

Disability: NA NOT APPLICABLE (CSF)

Voter Reg: ☒ NOT APPLICABLE (CSF)

Street Address

50 SUNSHINE

City: OATMAN

County: MOHAVE State: AZ Zip: 86433

Pickup Interval: 2 BIMONTHLY

Education Level: 12

Disable Voter Reg ☒

Communications

Proxies

Health Care Payee

Phone/Confidentiality

Referrals From

Languages

☒ Family ☐ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

The unique ID of the Family Economic Unit. Double click or press F2 to go to the Client/Family Lookup window for an existing family.

Record: 1/1

Ask your client if the information on this screen is still current and correct. Make corrections where needed.

Save your work.

WIC University Training Manual

Click on Client Reg on bottom left of the screen.

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Family

Family ID: 010676721

Authorized Rep 1: Last Name: DAWSON, First Name: ROBERTA, MI1, MI2, Notes

Client

Client ID: 16080014934

Last Name: DAWSON, First Name: ROBERTA, MI1, MI2, SSN

Birth Date: 01/20/1926, Age (Yrs.) (Months): 76, 6, Gender: Male, Female, Family Size: 1, WIC Family Size: 0

Proof of Identity: C, DRIVER'S LICENSE, Application Date: 12/11/2001, Mother's ID

Ethnic Group: 2, CAUCASIAN-NOT HISPANIC, Race: WHITE, NOT OF H, Add'l Ethnic Groups

Adj. Elig., Inc. Elig., 785.00, Eligibility

Health Care, Other Programs, Transfer Info, Previous Names, Communications, Previous Families

Family, Client Reg, Cert Action, Medical, Health, Diet Assess, Care Plan, Food Pkg

Enter the client's Last Name.

Record: 1/1, <OSC>, <DBG>

On this screen, you will notice two things:

- 1) The client ID is **RED**. All CSFP client ID's are red.
- 2) Radio buttons on the bottom of the screen are black and red. If the Cert Action button is **RED**, a new certification is needed. The Medical, Health, Diet Assess and Food Pkg radio buttons should also be **RED** for CSF participants. At this screen, click on the **Eligibility** pushbutton.

WIC University Training Manual

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Family

Family ID: 010676721

Authorized Rep 1 Last Name: DAWSON

Authorized Rep 1 First Name: ROBERTA

MI1: ☐ MI2: ☐ Notes: ☒

Client

Client ID: 1608001

Eligibility

Program:

Birth Date: 01/20/19

Proof of: C

Ethnic Group: 2

Adjunct Eligibility: ☐ Participant: ☐

Income Family: OK: Income Individual:

Health Care: Other Programs:

Transfer Info: Previous Names:

Communications: Previous Families:

☐ Migrant ☐ Homeless ☐ Group Home ☐ Military ☐ Refugee ☐ Foster Care

☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Select the Program ID from the list of values.

Record: 1/1 List of Values <OSC> <DBG>

The Eligibility information needs to be entered each time you are going to make a change or do a new certification, even if the eligibility information has not changed. Click on **Income Family** or **Income Individual**, whichever applies to your client(s).

Arizona WIC Program - [Income Calculator]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Income Providers

☐ WIC ☒ Elderly

| Name | SSN |
|------------------|-----|
| PRIMARY PROVIDER | |
| | |
| | |
| | |

Income

| Interval | Amount | Source | Documentation | Monthly | Annual |
|----------|--------|--------|---------------|---------|---------|
| M | 785.00 | C | 12 | 785.00 | 9420.00 |
| | | | | | |
| | | | | | |
| | | | | | |

Weekly Hours: Totals: 785.00 9420.00

WIC Income Guidelines

Number In Family:

Unborn Counted: ☐

New Income Date:

Income Averaging

| Interval | Total | Average |
|----------|-------|---------|
| | | |

Amount:

Enter the name of the income provider.

Record: 1/1

You can leave 'Primary Provider' or you may enter the name of the person who earns the income. Fill out the income data from the proof of income provided. Use the LOV arrows to select the correct codes as needed. Click on the save icon and go out the green door. You will go back to the Client Reg screen. Click on the radio button for the **Cert Action** Screen.

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

7.0.04|Datplt|0801

Client

Client ID: 1080037316 Last Name: KINGMAN First Name: CSF FAMILY MI1: MI2: Birth Date: 07/08/1922

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination |
|-----------------------|----------------------------------|----------|------------------------|-----------------|---------------|----------|-----------------------|----------------------------------|--------------|-------------|
| | | | | | | | No | Yes | By | Date |
| <input type="radio"/> | <input checked="" type="radio"/> | E3 | E3-ELDERLY, NOT HOMEBC | 10/17/2007 | 09/30/2008 | 50 | <input type="radio"/> | <input checked="" type="radio"/> | WICDIR08 | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | Term |
| <input type="radio"/> | <input type="radio"/> | | | | | | <input type="radio"/> | <input type="radio"/> | | Term |

Actual Delivery Date: Expected Delivery Date: Last Menstrual Period:

CSF Distribution Site: 11 SENIOR COMPLEX KINGMAN

Reason Client Not Present:

Comment:

CSFP Category Change Extend Cert Period

☐ Family ☐ Client Reg ☒ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

The client ID. Double click or press F2 to go to client / family lookup for an existing client.

Record: 1/1 <OSC> <DBG>

The first (top) record in the **Certification** section will be the current one. If you need to do a new certification or change the category from WIC to CSF, place your mouse pointer on the first record under **Category** and click **ONCE**. Take your mouse and click on the green plus (+) sign at the top of the screen (insert record). You will get a new line for entry, click the **CSF** button, then tab. You will then be in the **Category** field. Use the LOV to find the correct category for your participant, select it, then click OK. The Cert Start Date should be today's date; tab to the Cert End Date. Save your work.

Remember, if you are going to do a category change for a WIC participant to become a CSF participant, their current WIC certification period must be terminated first. If there are less than 30 days left in the certification period, AIM will auto-terminate the certification and allow you to create a new one. If there are more than 30 days left, you must go back to **Enrollment and Certification** splash screen, click on **Certification Info**, go down to **Cert Action**, select **Termination**. Terminations cannot be done from the Cert Action screen. Enter today's date as the Termination date. You can then return to the Cert Action screen of the client's record and begin the new Certification period today.

For your elderly participants, the first (top) record in the Certification section should have the category of CSF. The certification period for elderly is one year. Under the Certification area, you will see CSF Distribution Site button; click this button. Click the drop-down arrow and select the correct distribution site; click OK. Now click on the CSFP button on the right under the Term Reasons button if you provided the food box

and nutrition education to your client today. Otherwise, you can enter this information when you update the CSFP Distribution Master List Input form.

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Client

Client ID: 16080014934 Last Name: DAWSON First Name: ROBERTA MI1: MI2:

Certification

WIC CSF Category Des

☐ ☒ E3 E3-E

CSFP

Nutrition Education

| Code | Description |
|------|---|
| 2 | NUTRITION NEEDS / FOOD GUIDE PYRAMID (ALL CATEGORIES) |
| | |
| | |

Food Box Distributions

| Site | Pickup Date |
|------|-------------|
| 16 | 02/19/2002 |
| 16 | 03/19/2002 |
| 16 | 04/22/2002 |

Actual Delivery Date: Expected Delivery Date: Last Menstrual Period:

OK

☐ Family ☐ Client Reg ☒ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Record: 5/5 List of Values <OSC> <DBG>

Click in the **Code** field under **Nutrition Education**. Click on the LOV button and choose a code that applies to your client; click OK. Click on the **Site** field under **Food Box Distribution**. From the LOV, select the pick-up site, click OK, tab to the Pickup Date. This date will default to the current date, but it can and should be changed to the actual date the client picked up the food box

You will need to have the CSF participant sign the Rights and Responsibilities form (this is different than the Rights and Obligations form for WIC).

ARIZONA COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Applicant Name: _____
Participant ID: _____

Documentation Provided

My total household income is: _____
Type of document of participant's household income _____
Type of document for participant's identification _____
Type of document for participant's residence: _____

RIGHTS AND RESPONSIBILITIES

- I have been given a copy of, and understand, my rights and responsibilities as a CSFP participant.
- I understand that the local agency administering the CSF Program will make nutrition education available to all adult participants, and or to parents or caretakers of child participants.
- The local agency will provide notification, in writing, of a decision to deny or terminate CSFP benefits, and of my right to appeal this decision.
- The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.

Only the participant signs the form; you do not sign the form.

You are now finished updating your CSF client.

Entering a new CSFP Client

Arizona Welcome Screen - [Log On]

Window

Welcome to Arizona WIC

User Name: DAWSONR

Password: *****

Database: AIMCENTRAL

Agency: [Blue Arrow]

Clinic: [Blue Arrow]

OK Cancel Change Password

Your password will expire in 2733 days.

Record: 1/1

Type your User Name into the **User Name** field.

- This is how the AIM will track who performs what tasks in the system.
- Your User Name is unique to you and allows you access to the functions in the AIM system that are specific to your job responsibilities and location.
- Never share your password with anyone.

Tab to the password field and type in your password.

- First-time users will use the password provided by your Supervisor. Once you have entered your password, tab to the Database Field
- Use the drop-down to select **Phxaim** if your local agency is **North** or **Tucaim** if your agency is in the **South**.

WIC University Training Manual

Tab to the Agency Field, using the drop-down, select your agency.

The screenshot shows the "Arizona Welcome Screen - [Log On]" window. The title bar includes "Arizona Welcome Screen - [Log On]" and "Window". The main area displays "Welcome to Arizona WIC" in blue text. Below this, there are input fields for "User Name:" (containing "DAWSONR"), "Password:" (containing "*****"), "Database:" (containing "Phxaim"), "Agency:" (with a dropdown arrow), and "Clinic:" (with a dropdown arrow). At the bottom of the main form are "OK" and "Cancel" buttons. An "Agencies" dialog box is open over the "Agency:" field. It has a "Find" field with a "%" symbol. Below it is a list with two columns: "Agency" and "Name". The list contains the following entries:

| Agency | Name |
|--------|------------------------------|
| 01 | APACHE COUNTY HEALTH DEPT |
| 04 | GILA COUNTY HEALTH DEPT |
| 09 | NAVAJO COUNTY HEALTH DEPT |
| 13 | YAVAPAI COUNTY HEALTH DEPT |
| 14 | YUMA COUNTY HEALTH DEPT |
| 15 | YUMA FOOD BANK |
| 28 | CLINICA ADELANTE, INC ADMINI |
| 29 | ST. MARY'S WESTSIDE FOOD B |

At the bottom of the dialog box are "Find", "OK", and "Cancel" buttons. The status bar at the bottom of the main window shows "Choices in list: 8" and "Record: 1/1".

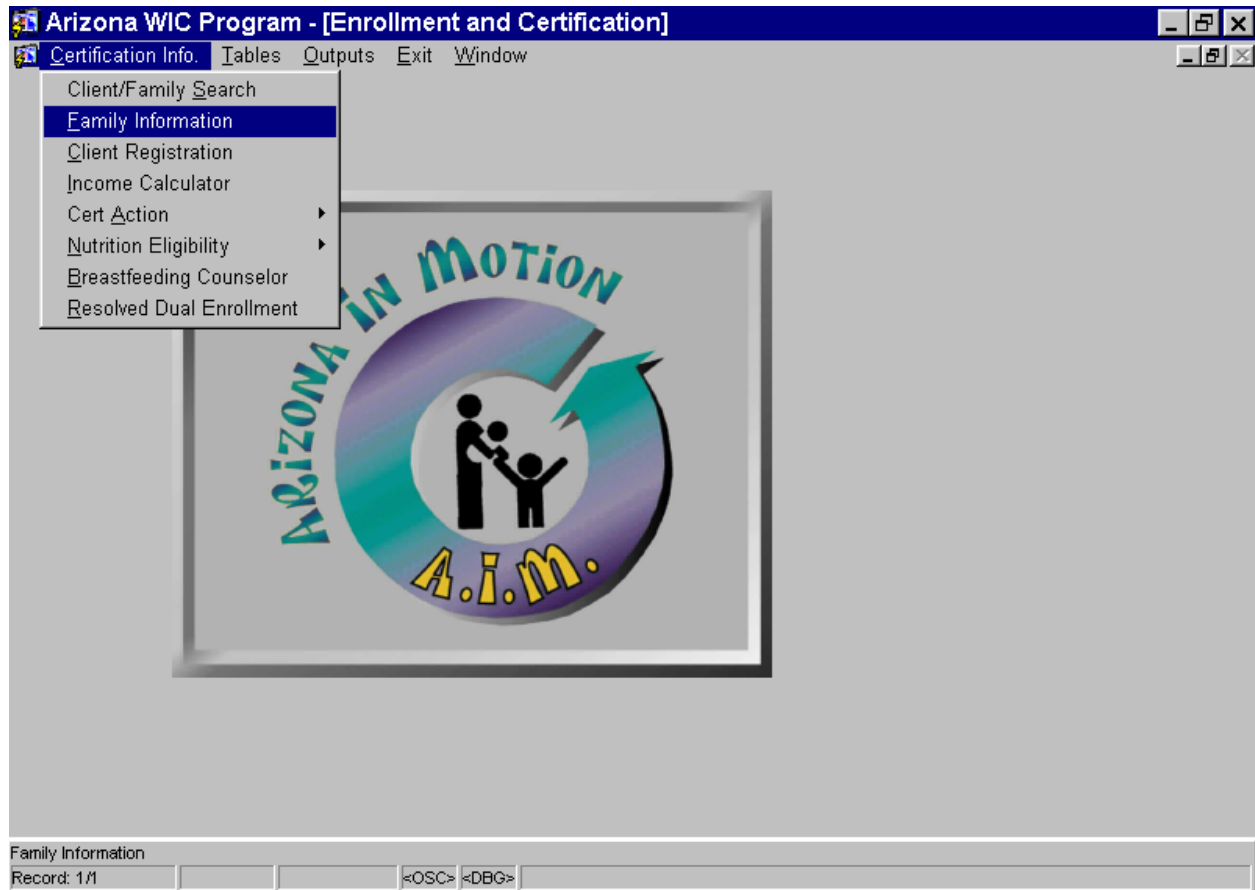
Tab to the Clinic Field, using the drop-down arrow, select the clinic where you work.

The screenshot shows the "Arizona Welcome Screen - [Log On]" window. The title bar includes "Arizona Welcome Screen - [Log On]" and "Window". The main area displays "Welcome to Arizona WIC" in blue text. Below this, there are input fields for "User Name:" (containing "DAWSONR"), "Password:" (containing "*****"), "Database:" (containing "Phxaim"), "Agency:" (containing "01"), and "Clinic:" (with a dropdown arrow). At the bottom of the main form are "OK" and "Cancel" buttons. A "Clinics" dialog box is open over the "Clinic:" field. It has a "Find" field with "0%" in it. Below it is a list with two columns: "Clinic" and "Name". The list contains the following entries:

| Clinic | Name |
|--------|-------------------|
| 00 | ALL CLINICS |
| 01 | ST JOHNS WIC |
| 02 | SPRINGERVILLE WIC |
| 05 | CONCHO WIC |
| 06 | VERNON WIC |

At the bottom of the dialog box are "Find", "OK", and "Cancel" buttons. The status bar at the bottom of the main window shows "Choices in list: 5", "Record: 1/1", and "List of Values".

WIC University Training Manual



Click on **Certification Info**, select **Family Information** from the LOV.

WIC University Training Manual

The screenshot shows the 'Arizona WIC Program - [Family Information]' window. The form is divided into several sections. At the top, there are fields for 'Family ID' and 'WIC Clinic', both highlighted in yellow. Below these are 'CSF Only Family' (checkbox) and 'CSF Clinic' (dropdown). The 'Authorized Representative' section includes 'Last Name', 'First Name', 'MI1', and 'MI2' fields. The 'Mailing Address' section includes 'Street 1', 'Street 2', 'City', 'County', 'State', and 'Zip' fields. The 'Street Address' section includes 'City', 'County', 'State', and 'Zip' fields. The 'Proof of Addr' section includes a dropdown for '1' and a button for 'CURRENT UTILITY BILL'. The 'Marital Status' section includes a dropdown for '2' and a button for 'MARRIED'. The 'Disability' and 'Voter Reg' sections have dropdowns. The 'Pickup Interval' section includes a dropdown for '2' and a button for 'BIMONTHLY'. The 'Education Level' section includes a dropdown for '12'. There are buttons for 'Communications', 'Proxies', 'Health Care Payee', 'Phone/Confidentiality', 'Referrals From', and 'Languages'. At the bottom, there are radio buttons for 'Family', 'Client Reg', 'Cert Action', 'Medical', 'Health', 'Diet Assess', 'Care Plan', and 'Food Pkg'. The 'Client Reg' button is highlighted in red. The status bar at the bottom shows 'Record: 1/1' and '<OSC> <DBG>'.

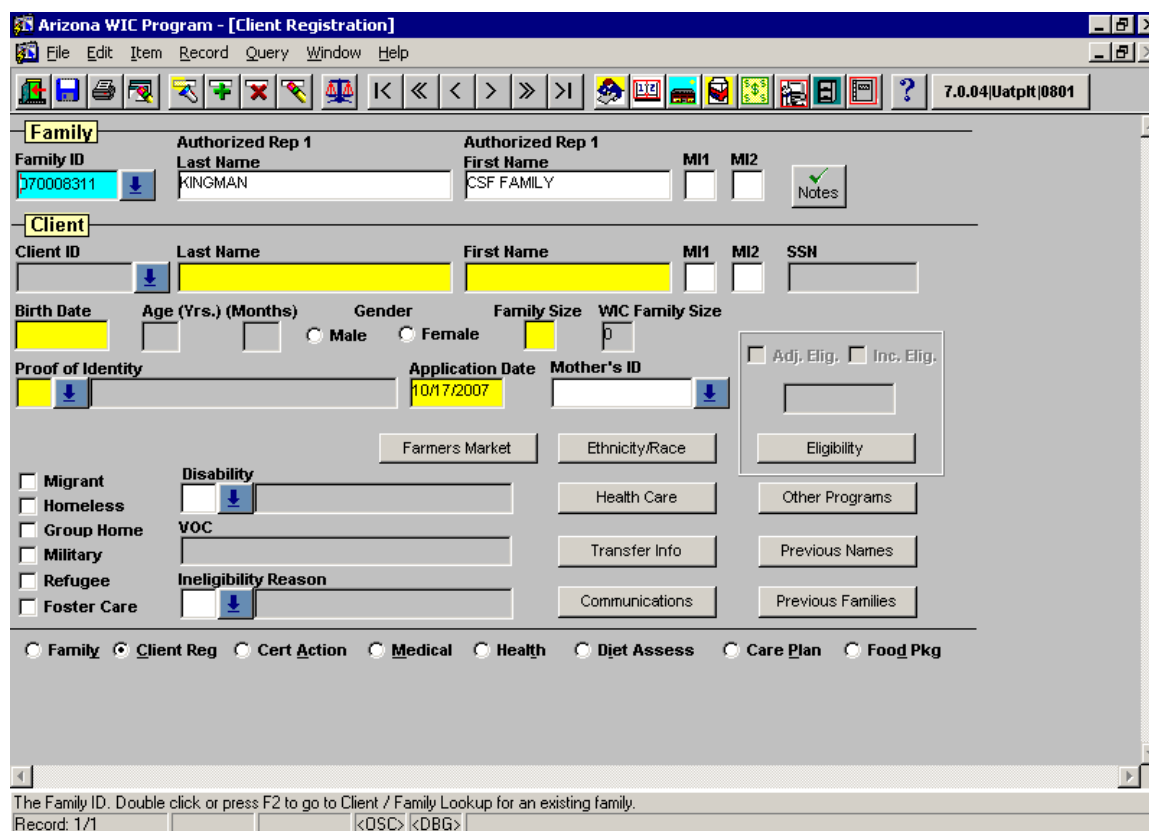
When entering a CSF client for the first time, there are a couple of things you will want to do at this screen that you would not do if you were entering WIC clients.

Your cursor is in the Family ID field. Tab off the Family ID field; AIM will generate an ID number. If the family is a CSF only family (no WIC clients in the family), check the **CSF Only Family** checkbox and then select the CSF Clinic site. Notice when you check the checkbox, the Marital Status and Education Level fields are now filled with the default "NOT APPLICABLE (CSF)." These are not required for CSF clients. All CSF clients are to be offered voter registration assistance; have the participant fill out the Offer of Voter Registration form. This form is to be kept in the agency's files, separately from the WIC Offer of Voter Registration forms.

Fill in all the fields that are **yellow**. When you are finished, save your work.

Now, click on the **Client Reg** button at the bottom of the screen (follow the red brick road).

WIC University Training Manual



Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

7.0.04/UatpH/0801

Family

Family ID: 070008311

Authorized Rep 1 Last Name: KINGMAN

Authorized Rep 1 First Name: CSF FAMILY

MI1: MI2: Notes: [Green Checkmark]

Client

Client ID: Last Name: First Name: MI1: MI2: SSN:

Birth Date: Age (Yrs.) (Months): Gender: Male Female Family Size: WIC Family Size:

Proof of Identity: Application Date: 10/17/2007 Mother's ID:

Adj. Elig. Inc. Elig.

Eligibility

Other Programs

Previous Names

Previous Families

Transfer Info

Health Care

Ethnicity/Race

Farmers Market

Communications

Disability: VOC: Ineligibility Reason:

Migrant Homeless Group Home Military Refugee Foster Care

Family Client Reg Cert Action Medical Health Diet Assess Care Plan Food Pkg

The Family ID: Double click or press F2 to go to Client / Family Lookup for an existing family.

Record: 1/1 <OSC> <DBG>

Click in the last name of client (not Authorized Rep). Like the previous screen (**Family Information**), the Client ID field will be filled in when you save this screen. The fields that are **yellow** are mandatory fields and must be filled out. When you have completed entering the information on this screen, save your work, then click on the **Eligibility** pushbutton.

WIC University Training Manual

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

Save [Navigation Icons] 3.0.01a|Uat08|0816

Family

Family ID: 020676748

Authorized Rep 1 Last Name: DAWSON

Authorized Rep 1 First Name: ROBERT

MI1: MI2: Notes: [Green Checkmark]

Client

Client ID: 16080015055

Last Name: DAWSON

First Name: ROBERT

MI1: MI2: SSN:

Birth Date: 07/05/1910

Age (Yrs.) (Months): 92 0

Gender: ☒ Male ☐ Female

Family Size: 1

WIC Family Size: 0

Adj. Elig. Inc. Elig.

Proof of Identity

C DRIVER'S L

Ethnic Group

2 CAUCASIA

☐ Migrant

☐ Homeless

☐ Group Home

☐ Military

☐ Refugee

☐ Foster Care

Eligibility

| Program | Adjunct Eligibility | Participant |
|--------------|--------------------------|--------------------------|
| [Blue Box] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Yellow Box] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Yellow Box] | <input type="checkbox"/> | <input type="checkbox"/> |

Income Family OK Income Individual

☐ Family ☒ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Select the Program ID from the list of values.

Record: 1/1 List of Values <OSC> <DBG>

Click on the button that applies to your client, Income Individual if only one person is supported by this income, or Income Family if more than one person is supported by this income.

WIC University Training Manual

Arizona WIC Program - [Income Calculator]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Income Providers

☐ WIC ☒ Elderly

| Name | SSN |
|------------------|-----|
| PRIMARY PROVIDER | |
| | |
| | |
| | |

Income

| Interval | Amount | Source | Documentation | Monthly | Annual |
|----------|--------|--------|---------------|---------|---------|
| M | 750.00 | C | 12 | 750.00 | 9000.00 |
| | | | | | |
| | | | | | |
| | | | | | |

Weekly Hours: Totals: 750.00 9000.00

WIC Income Guidelines

Number In Family:

Unborn Counted: ☐

New Income Date: 07/22/2002

Income Averaging

Interval: Total: Average:

Amount

Select the income verification code from the list of values.

Record: 1/1 <OSC> <DBG>

You can leave 'Primary Provider' or you can enter the name of the person who earns the income. Fill out the income data from the proof of income provided. Use the LOV arrows to select the correct codes as needed. Click on the save icon and go out the green door. You will go back to the **Client Reg** screen.

WIC University Training Manual

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

7.0.04|Trnst|4512

Family

Family ID: 070734942

Authorized Rep 1 Last Name: KINGMAN

Authorized Rep 1 First Name: CSF FAMILY

MI1: MI2: Notes: [Green Checkmark]

Client

Client ID: 12450002577

Last Name: KINGMAN

First Name: CSF FAMILY

MI1: MI2: SSN:

Birth Date: 05/01/1945

Age (Yrs.) (Months): 62 5

Gender: ☐ Male ☒ Female

Family Size: 2

WIC Family Size: 0

Proof of Identity: C DRIVER'S LICENSE/STATE ID

Application Date: 10/17/2007

Mother's ID:

Adj. Elig. ☐ Inc. Elig. ☒

750.00

Eligibility

Other Programs

Previous Names

Previous Families

Communications

Transfer Info

Health Care

Ethnicity/Race

Farmers Market

Disability: [Blue Arrow]

VOC:

Ineligibility Reason: [Blue Arrow]

☐ Migrant

☐ Homeless

☐ Group Home

☐ Military

☐ Refugee

☐ Foster Care

☐ Family ☒ Client Reg ☐ **Cert Action** ☐ **Medical** ☐ **Health** ☐ **Diet Assess** ☐ **Care Plan** ☐ **Food Pkg**

Enter the client's First Middle Initial.

Record: 1/1

<OSC> <DBG>

Following the 'red brick road'...click on the **Cert Action** button at the bottom of the screen.

WIC University Training Manual

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Client

Client ID: 16080015055

Last Name: DAWSON

First Name: ROBERT

MI1: MI2:

Certification

| WIC | CSF | Category | Description |
|-----------------------|----------------------------------|----------|-------------|
| <input type="radio"/> | <input checked="" type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | |

Actual Delivery Date:

Expected Delivery Date:

Last Menstrual Period:

☐ Family ☐ Client Reg ☒ Cert

Categories

Find: E%

| Category Co | Description |
|-------------|---------------------------------------|
| E1 | E1--ELDERLY, HOMEBOUND, NOT RECEIVING |
| E2 | E2--ELDERLY, HOMEBOUND, RECEIVING F |
| E3 | E3--ELDERLY, NOT HOMEBOUND, NOT REC' |
| E4 | E4--ELDERLY, NOT HOMEBOUND, RECEIVING |

Find OK Cancel

Choices in list: 4

Record: 1/1

List of Values <OSC> <DBG>

Click on the CSF radio button (if it is not already selected), then tab to the Category field. Click on the LOV button and choose the category that applies to your elderly client, then click OK. Continue to tab to fill in the Cert Start and Cert End Dates. If you continue to tab, you will get to the CSF Distribution site pushbutton. Click on the LOV.

WIC University Training Manual

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Client

Client ID: 16080015055 Last Name: DAWSON First Name: ROBERT MI1: MI2:

Certification

| WIC | CSF | Category | Description | Cert Start Date |
|-----------------------|----------------------------------|----------|------------------------|-----------------|
| <input type="radio"/> | <input checked="" type="radio"/> | E3 | E3-ELDERLY, NOT HOMEBC | 07/24/200 |
| <input type="radio"/> | <input type="radio"/> | | | |
| <input type="radio"/> | <input type="radio"/> | | | |
| <input type="radio"/> | <input type="radio"/> | | | |
| <input type="radio"/> | <input type="radio"/> | | | |

Actual Delivery Date: Expected Delivery Date: Last Menstrual Period:

CSF Distribution Site: Comment:

☐ Family ☐ Client Reg ☒ Cert Action ☐ Medical

Choices in list: 7
Record: 1/1 List of Values <OSC> <DBG>

Food Box Distribution Sites

Find: %

| Code | CSFP Distribution Site |
|------|-----------------------------|
| 01 | KINGMAN WIC |
| 11 | SENIOR COMPLEX KINGMAN |
| 12 | LUTHERAN CHURCH LAKE HAVASU |
| 13 | SALVATION ARMY BULLHEAD |
| 14 | GOLDEN SHORES |
| 15 | GOLDEN VALLEY |
| 16 | OATMAN |

Find OK Cancel

Your clinic's name and number should automatically populate this field, but if your distribution site is different from your clinic location, choose the site where this client will be receiving (picking up) their food box from the LOV list. Click OK. Now, from the same screen, click on the CSFP button just to the right of the CSF Distribution Site field if you provided the food box and nutrition education today. Otherwise, you can enter this information when you update the CSFP Distribution Master List Input form.

WIC University Training Manual

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

3.0.01a|Uat08|0816

Client

Client ID: 16080015055 Last Name: DAWSON First Name: ROBERT MI1: MI2:

Certification

WIC CSF Category Des

| | | | |
|-----------------------|----------------------------------|----|------|
| <input type="radio"/> | <input checked="" type="radio"/> | E3 | E3-E |
| <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | |
| <input type="radio"/> | <input type="radio"/> | | |

Actual Delivery Date: Expected Delivery Date: Last Menstrual Period:

CSFP

Nutrition Education

| Code | Description |
|------|-------------|
| | |
| | |
| | |

Food Box Distributions

| Site | Pickup Date |
|------|-------------|
| | |
| | |
| | |

OK

☐ Family ☐ Client Reg ☒ **Cert Action** ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

Record: 1/1 List of Values <OSC> <DBG>

There are several important things in this drop-down that are very important. First, use the LOV and choose a Nutrition Education topic. Click OK when you have selected a topic(s). Because this is a new client and he / she has not picked up a food box yet, you will not select a site or pickup date at the bottom of the pop-up. Click OK to exit this drop-down. On the **Cert Action** screen, save your work.

WIC University Training Manual

You will need to have the CSF participant sign the Rights and Responsibilities form (this is different than the Rights and Obligations form for WIC).

ARIZONA COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Applicant Name: _____

Participant ID: _____

Documentation Provided

My total household income is: _____

Type of document of participant's household income _____

Type of document for participant's identification _____

Type of document for participant's residence: _____

RIGHTS AND RESPONSIBILITIES

- I have been given a copy of, and understand, my rights and responsibilities as a CSFP participant.
- I understand that the local agency administering the CSF Program will make nutrition education available to all adult participants, and or to parents or caretakers of child participants.
- The local agency will provide notification, in writing, of a decision to deny or terminate CSFP benefits, and of my right to appeal this decision.
- The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.

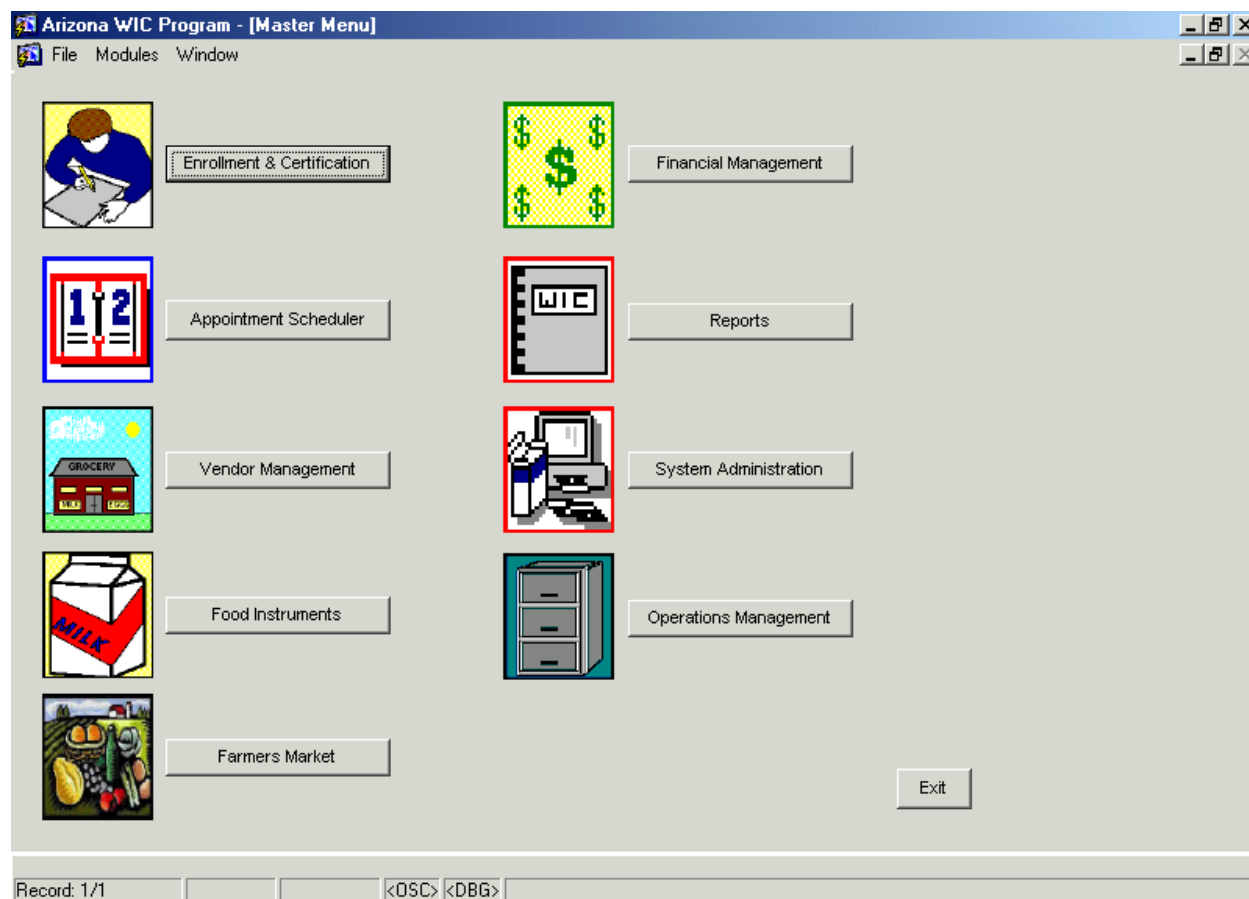
Only the participant signs the form; you do not sign the form.

You have just entered a new client!

Master Distribution List

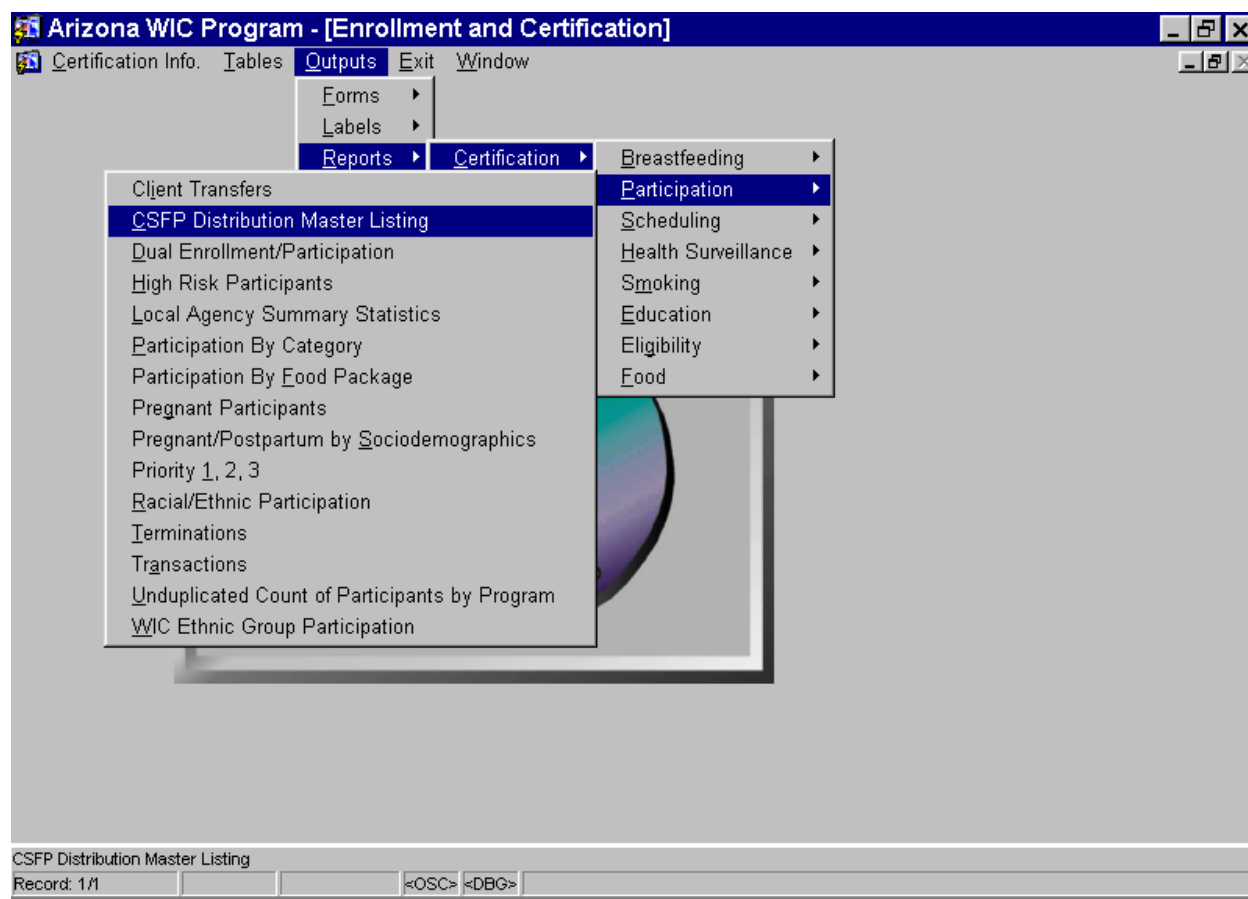
Just before you go to your distribution site, you need to print the Master Distribution List. This list will need to be signed by each client receiving a food box. This list will need to be updated AFTER food box distribution.

Log onto AIM.



Click on the **Enrollment and Certification** button.

WIC University Training Manual



Click on **Outputs**, then **Reports**, then **Certification**, then **Participation**, then **CSFP Distribution Master Listing**. Click to open.

WIC University Training Manual

Arizona WIC Program - [Enrollment and Certification]

Certification Info. Tables Outputs Exit Window

CR_CSF_DISTRI_LIST: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: CSFP DISTRIBUTION MASTER LIST

Output: **PREVIEW**

Filename:

Number of Copies:

Month (MM/YYYY):

Issue Site: **16 - OATMAN**

Record: 1/1

<OSC> <DBG>

This is called a Reports Parameter screen. In the Output window, ALWAYS leave it at Preview. At Filename, leave it blank; at Number of Copies, leave it at one (1). At the Month (MM/YYYY), enter the current month and year. At Issue Site, use the drop-down arrow and pick the site you will be going to for distribution. Now click the green traffic light at the top of the screen to run the report.

CR_CSF_DISTRI_LIST: Previewer

File View Help

Report Date: 07/25/2002
Report Name: CR_CSF_DISTRI_LIST
Issue Site: OATMAN

Arizona WIC Program
CSFP DISTRIBUTION MASTER LIST
MONTH JUL, 2002

| Box | Last Name | First Name | DOB | ID# | Race | Phone No. | Cert End Da |
|--------------|-------------------|------------|------------|-------------|------|----------------|-------------|
| BLUE | ALIGA | | 10/11/2000 | 16080015026 | B | () - | 11/30/2002 |
| Category: C1 | Last Pickup Date: | | 09-MAY-02 | Signature: | | | |
| BROWN | NANCE | | 05/05/1922 | 16080014989 | AP | () - | 04/30/2003 |
| Category: E2 | Last Pickup Date: | | 03-APR-02 | Signature: | | | |
| DAWSON | ROBERTA | | 01/20/1926 | 16080014934 | W | | 12/31/2002 |
| Category: E3 | Last Pickup Date: | | 22-APR-02 | Signature: | | | |
| GOLDIZEN | ESTHERMAY | | 08/01/1930 | 16080014932 | W | (520) 714-8888 | 12/31/2002 |
| Category: E3 | Last Pickup Date: | | 03-DEC-01 | Signature: | | | |

Record: 1/1

<OSC> <DBG>

Arizona WIC Program
CSFP DISTRIBUTION MASTER LIST
MONTH JUL, 2002

Report No. CR2101
Page 1

| Name | DOB | ID# | Race | Phone No. | Cert End Date | Comments |
|------------|------------|-------------|------|----------------|---------------|----------|
| IST | 10/09/1926 | 80015026 | B | () - | 11/30/2002 | |
| Signature: | | | | | | Date: |
| cup Date: | 03-APR-02 | 80014989 | AP | () - | 04/30/2003 | |
| Signature: | | | | | | Date: |
| cup Date: | 22-APR-02 | 16080014934 | W | | 12/31/2002 | |
| Signature: | | | | | | Date: |
| cup Date: | 03-DEC-01 | 16080014932 | W | (520) 714-8888 | 12/31/2002 | |
| Signature: | | | | | | Date: |

Page 25 Sec 1 25/25 At 1" Ln 1 Col 2 REC TRK EXT OVR English (U.S.)

To print this report, click on the printer icon at the top of the page. If you have a large distribution site, the report will be many pages. You can determine how many pages you will get before printing by pressing the right arrow with the bar on it (>|). The number of pages will display in the Page window. There are 8 clients listed per page.

Take this report with you to your distribution site. Each client must sign by his / her name and date it before they receive their food box. If your distribution site uses UPC symbols (bar codes), please put them in the space provided in front of each client's name.

Keep this list. Instructions for updating it are on the next page.

There is a lot of information in this report. However, if you do not enter the information into the system, some of this vital information will not be updated. Information listed includes the Client's Name, DOB, ID number, Race, Phone number, Date Cert Ends, Last Pickup date, a signature line and a date line. There is also a Notice to Re-Apply notification by the clients that are due for re-enrollment.

You can see that the more information you enter into the system when you enroll clients, the more information comes out on this report. An example is the client's phone number; it is not a required field, but can be useful on this report if the client is due for re-enrollment. You could call them and remind them to bring required documents for re-enrollment, like income verification, proof of residence, etc.

Updating Your Box Pick-up from Your Master Distribution List

This can be done two (2) ways, either by individual client or by groups of clients.

By Individual client: Log into AIM. Go into **Enrollment and Certification**, select **Certification Info**, select **Cert Action**, select **Certification**, click to open screen.



At this screen, with your distribution list in front of you, query the first client that picked up a box, using their client ID. **(Notice: this screen is already in query mode.)** Click the query (flashlight) button.

Your client's name will come up. Click on the CSF button (right side).

Arizona WIC Program - [Certification (Cert Action)]

File Edit Item Record Query Window Help

7.0.06|Trnst|4515

Client

Client ID: 15450002770 Last Name: ONLYFAMILY First Name: CSF MI1: MI2: Birth Date: 03/15/1940

Certification

| WIC | CSF | Category | Description | Cert Start Date | Cert End Date | Duration | Client Present? | Wait | Cert Created | Termination | |
|-----|-----|----------|------------------------|-----------------|---------------|----------|-----------------|------|--------------|-------------|--|
| | | | | | | | No | Yes | List By | Date | |
| | | E3 | E3-ELDERLY, NOT HOMEBC | 01/14/2008 | 12/31/2008 | 50 | | | | USER15 | |

CSFP

Food Box Distributions

| Site | Pickup Date |
|------|-------------|
| 15 | 01/14/2008 |

Nutrition Education

| Code | Description | |
|------|-------------|------------|
| 80 | NUTRI-NEWS | 01/14/2008 |

OK

Record: 1/1 <OSC> <DBG>

Go to the Site drop-down arrow. (LOV), select the site at which this person picked up their box, and tab to the Pickup Date. Today's date will automatically fill in, but you can change it to the actual date the client picked up their box. Click OK. Save your work on the tool bar at the top of the screen.

Now click on fourth button on the tool bar (the eraser – Clear Form). The screen will be blank again and back in query mode. Put in your next client's ID number, press the query (flashlight) button, and update this client. Continue this process until all clients have been updated. You will be able to verify your work by printing out a new Master Distribution List and see if the last pick-up date is correct. If it is not, go back and fix it.

By Groups of Clients:

Go into **Enrollment and Certification**, select **Certification Info**, select **CSFP Distribution Master List Input** to open the screen.



The date of food box pickup must be entered for each client, along with checking the checkboxes for nutrition education given. You can unselect any clients that didn't pick up their box.

WIC University Training Manual

Arizona WIC Program - [Distribution Master List]

File Edit Item Record Query Window Help

7.0.01/Uattuc:1005

Criteria

Issue Site: 30 ARIVACA WIC Month: 08/2007

Master List Info

| Client Name | DOB | Client ID | Category | Pickup Date | Food Box | Nut Ed | Other |
|------------------|-----------|------------|----------|-------------|-------------------------------------|-------------------------------------|--------------------------|
| 5YEAROLD2 CSFP | 15-APR-02 | 5100108042 | C5 | 08/31/2007 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FAMILYMOM CSFP | 14-FEB-84 | 5100108038 | P | 08/31/2007 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FIVEYEAROLD CSFP | 14-AUG-02 | 5100108039 | C5 | 08/31/2007 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SENIOR CSFP | 08-JUL-22 | 5100108040 | E3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SENIOR 2 CSFP | 12-DEC-27 | 5100108041 | E3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SENIOR3 CSFP | 14-AUG-25 | 5100108043 | E3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SENIOR4 CSFP | 16-MAY-24 | 5100108044 | E3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Unselect All Apply Nutri-News Other Material

Pickup Dates updated: 3 Nutritional Ed Items updated: 3 Other Materials Updated: 0

Record: 8/23 <OSC> <DBG>

Section 2: Farmer's Market Nutrition Program Check Issuance

Issuing Farmers' Market Coupons in AIM

Family

Family ID: 079033740

Authorized Rep 1 Last Name: BLUME

Authorized Rep 1 First Name: JUDY

Client

Client ID: 32300013408

Last Name: BLUME

First Name: CHILD-GIRL

Birth Date: 05/02/2004

Age (Yrs.) (Months): 2 9

Gender: ☒ Male ☒ Female

Family Size: 5

WIC Family Size: 3

Proof of Identity: BIRTH CERTIFICATE

Application Date: 02/08/2007

Mother's ID: [Empty]

☐ Migrant

☐ Homeless

☐ Group Home

☐ Military

☐ Refugee

☐ Foster Care

Disability: [Empty]

VOC: [Empty]

Ineligibility Reason: [Empty]

☐ Adj. Elig. ☒ Inc. Elig.

100.00

Farmers Market

Ethnicity/Race

Health Care

Other Programs

Transfer Info

Previous Names

Previous Families

Communications

☐ Family ☒ Client Reg ☐ Cert Action ☐ Medical ☐ Health ☐ Diet Assess ☐ Care Plan ☐ Food Pkg

1. A client must be certified and have a food package assigned to activate the Farmers' Market button on the Client Reg screen. Click this pushbutton.

Client

Client ID: 079033740

Family ID: 079033740

☐ Client Issuance

☒ Family Issuance

Coupons

| Already Issued | Client ID | Foster Care | Last Name | First Name | MI1 | MI2 | Start Coupon # | Verify Starting Coupon # | Ending Coupon # |
|-------------------------------------|-------------|-------------------------------------|-----------|------------|-----|-----|----------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | 32300013406 | <input type="checkbox"/> | BLUME | JUDY | | | 7009300 | | 7009309 |
| <input checked="" type="checkbox"/> | 32300013407 | <input type="checkbox"/> | BLUME | CHILD-BOY | | | 7009310 | | 7009319 |
| <input type="checkbox"/> | 32300013408 | <input type="checkbox"/> | BLUME | CHILD-GIRL | | | | | |
| <input type="checkbox"/> | 32300013421 | <input checked="" type="checkbox"/> | FOSTER | CHILD | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | |

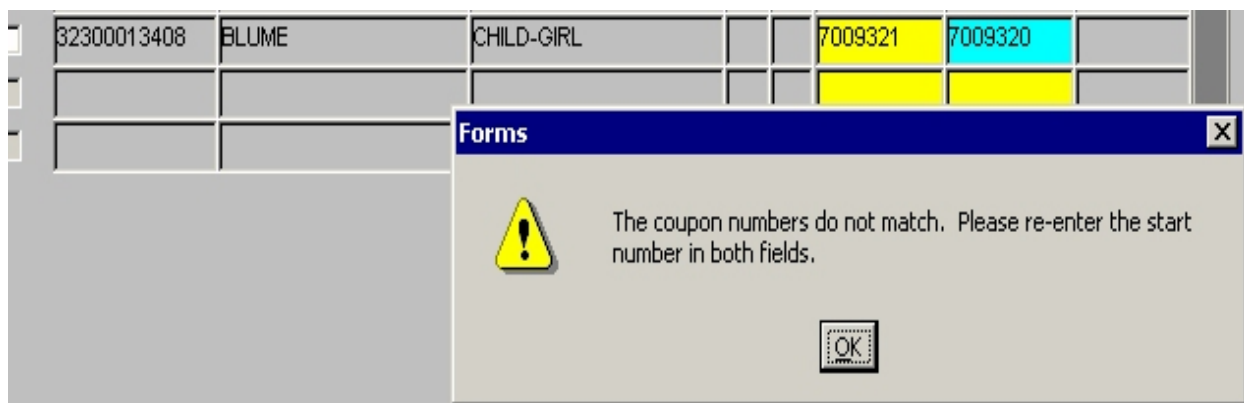
Select the query criteria for printing checks.

Record: 1/1

<OSC> <DBG>

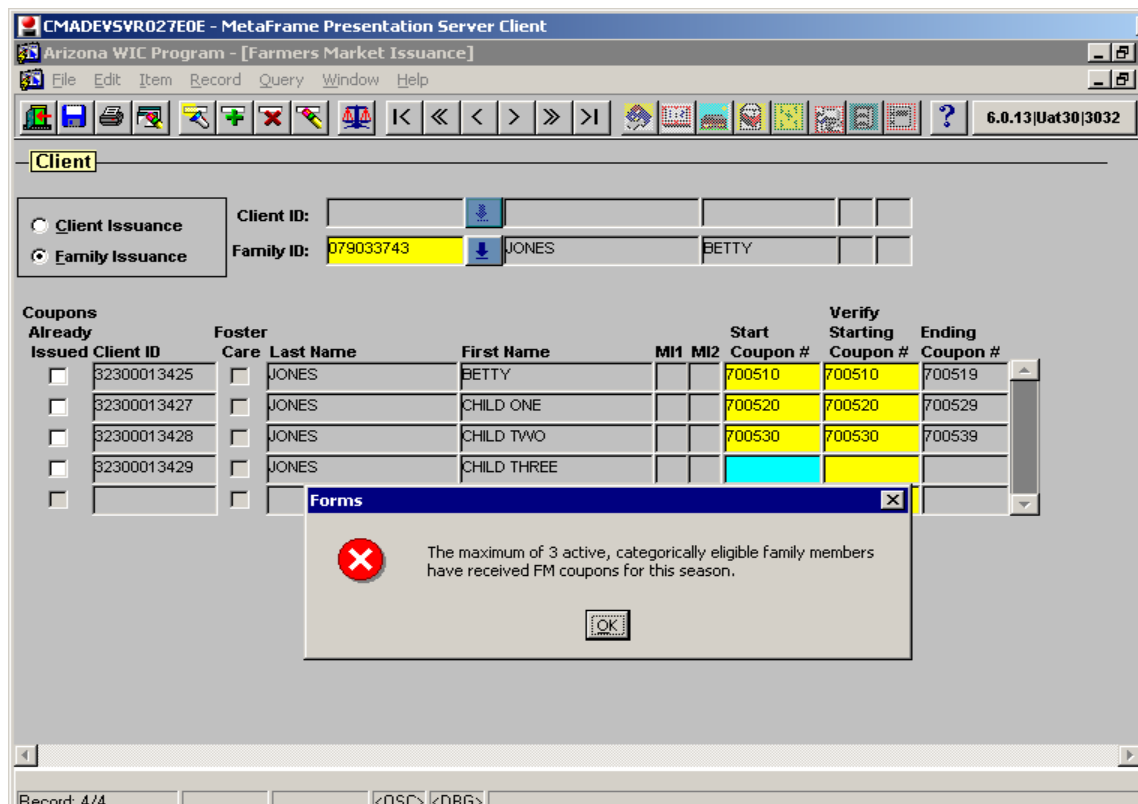
2. All currently certified, eligible participants in the family will be listed.

- Enter the first coupon number in the coupon booklet. Enter that **same number again** in the “Verify Starting Coupon #” column. If the coupon numbers don't match, you will see this edit pop up:



AIM will automatically fill in the last coupon number in the booklet.

- Only 1 coupon booklet is to be distributed to an eligible WIC participant per Farmers' Market season (March 1- September 30), with a maximum of 3 booklets per family. A foster child counts as a family as one. If you are distributing a coupon booklet to a foster child, a check will appear in the foster child column.



Once all coupon numbers have been entered, click “save” and distribute the booklets according to the Farmers' Market Nutrition Program Policy and Procedure manual.

Help Desk

Troubleshooting Daily Help Desk Process For AIM Users.

